Lectures
ON
DYSPNŒA.

Delivered at the Royal College of Physicians,

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LECTURE III.—(*Concluded.*)

Descriptions of instruments for registering the respiratory movements. Method of using the spirograph. Examples of the value in diagnosis of recognising the motor phenomena of respiration. Conclusion.

FROM the idea of the method of representing the respiratory movements which I have been endeavouring to describe and illustrate, to the idea of an instrument which should enable the respiratory movements themselves to effect such a representation, was but a short step—the one was almost inevitably suggestive of the other. All that was wanted was to get two movements at right angles to one another, the one representing inspiration and expiration, and the other the lapse of time; one, in fact, the respiratory movements, the other the respiratory interval. If, then, I could impart to a marker an up-and-down movement corresponding to inspiration and expiration, and to a piece of paper to be marked, and moving beneath it, a horizontal movement, the thing would be done; the resulting lines would be the diagonals of parallelograms, whose sides represented time and movement, and would coincide with those represented in my diagrams: and it is manifest that if the movement representing time was perfectly equable, and that representing the respiratory movements was precisely coincident with these movements, there would be nothing to be desired—the result would be perfectly accurate. About obtaining an equable horizontal movement, representing time, there could be no difficulty at all. The problem was, how to get a vertical movement corresponding, with the utmost accuracy, to the movements of respiration.

My first idea was to get the movement from some part of the chest-wall, as is the case with a Sibson's chest-measurer; in fact, to use a large and very delicate chest-measurer, and affix the marker to the end of the index. But I soon remembered that the movement of no single point of the chest's surface would correctly represent the entire chest-expansion. I then thought of placing a girth round the entire chest, with one point fixed and the other movable, so that the movement of the movable extremity would represent the entire expansion of that zone of the chest-wall. But I soon saw that this also was open to the same objection as the other, and that the movement of no one zone of the chest-wall would represent the entire chest-expansion, any more than the movement of any one point; as a representative of costal movement, even, it would be imperfect, and would take no cognisance whatever of the diaphragm. And so I was brought to the conviction that the only proper and accurate source of motion in such an instrument, the only thing that would exactly represent the entire thoracic enlargement and contraction, would be the respired air itself. The problem then was to get an instrument so readily influenced by and so delicately sensitive to the motion of the respired air, that it should exactly correspond both in time and rate with the respiratory movements—should start when they start, stop when they stop, accelerate or retard exactly as they do. For such an instrument there appeared to be several essentials: that it should be delicately balanced; that it should be air-tight; that friction should be reduced to a minimum; that it should be so light as to involve in its movements but little momentum, so that its motion might be started, stopped, or reversed with the utmost facility.

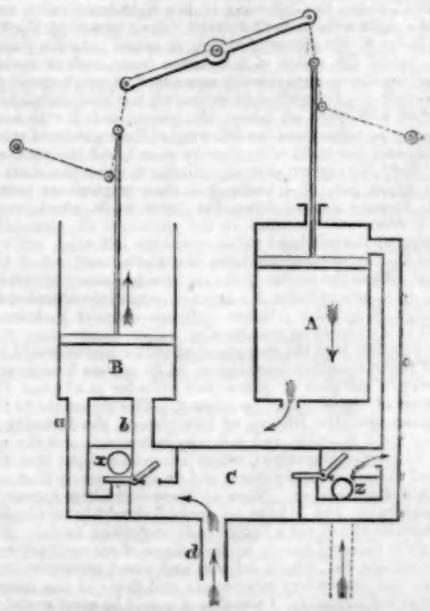
My first idea was to cover the circumference of a light wheel with septa placed at short intervals from one another, which should exactly fit a curved channel in which the circumference of the wheel should play, so as to break up the channel or groove into a succession of air-tight chambers. Motion would be imparted to the wheel in one direction by the expired air (conducted by a tube), impinging against the septum of the first or proximal chamber; and back again in the opposite direction by the reversed course of the inspired air: just like those familiar little toys representing a windmill, the wheel of which is made to fly round by the breath of a child directed on it through a tube. There were, however, many practical objections to this plan: the range of movement was too great, was circular movement instead of vertical, and was not easily reversed; moreover, it was impossible to reduce friction below a certain point.

The plan I then thought of was to have a cylinder in which should smoothly work a very light piston, which should move a beam, to the opposite end of which should be fixed a counterpoise exactly balancing the weight of the piston. Into the cylinder below the piston should open a tube into which the operator might breathe. It is manifest that on expiration the piston would rise, on inspiration it would descend, and at the pause it would stand still; and it is equally manifest that as the piston end of the beam went up and down the other end would go down and up; so that the distal end would ascend at inspiration and descend at expiration. If, then, to this end was attached something that would mark—a pencil or brush, and against this marker were brought a piece of paper moving with an even horizontal movement, all the necessary conditions would be fulfilled.

There was, however, to this instrument this objection, that the operator would be breathing the same air over and over again; on inspiring he would be drawing back again into his lungs the air that he had just breathed out. This would materially impair the value of the results obtained by the instrument, for the breathing of the same air over and over again itself produces a kind of dyspnœa, the respirations becoming deeper and more frequent.

To obviate this difficulty and secure the renovation of the air at each respiration, my ingenious and accomplished friend Mr. Barrett devised for me the instrument the diagram of which you see here (Fig. 11), and this model of which he made

FIG. 11.



for me. I will describe it and endeavour to explain its action to you. It possesses, as you see, two cylinders (A and B), of exactly equal size. In these move two pistons, which are attached by means of two vertical rods to the opposite extremities of a beam, and which therefore move in opposite directions at the same time; so that when one is ascending the other is descending. The movement of the rods is kept perfectly vertical by an arrangement which was the great discovery of Watt, and which is represented by the dotted lines, but perhaps seen better in this model. The rod of cylinder A

works through a stuffing-box, that the air above the piston may not escape in that direction. The drawing represents a vertical section, and the observer is supposed to be looking into one half of the instrument. In cylinder A the respired air goes in and out above the piston, and in cylinder B below the piston; and the other parts of the cylinders may be disregarded. The enclosed part of each cylinder has two communications, one with a small central chamber (C), into which the operator breathes, and the other with orifices (*x z*) which open through the back wall of the instrument into the external air. These communications are established with cylinder B by means of two shafts (*a* and *b*), through one of which the air passes *to* the cylinder at expiration, and through the other *from* it at inspiration. The same office is performed for cylinder A by the single shaft *c*, which has the air moving in it in one way at inspiration and another at expiration. Which direction the air shall take depends on the action of two valves, one on one side and one on the other, each corresponding to its own cylinder. The valves are of peculiar shape, and are the turning point of the whole thing; I will endeavour therefore to explain their action. Each valve consists of two wings, bent at a fixed angle to one another in this way, and moving on a fixed point (A), so that when one wing is horizontal the other is inclined upwards: each wing guards an orifice, so that each valve has always one orifice closed and one open at the same time. You cannot close an orifice by one wing without opening an orifice by the other.

FIG. 12.

A

The principle of the action of the instrument is this:—All the inspired air is derived from cylinder A, (above the piston,) and all the expired air passes into cylinder B; from cylinder B it is again discharged into the open air; thus none passes back, or is breathed over again. The act of inspiration which draws the air from cylinder A expels the respired air from cylinder B, and the act of expiration which breathes the expired air into cylinder B draws a fresh supply of unbreathed air into cylinder A.

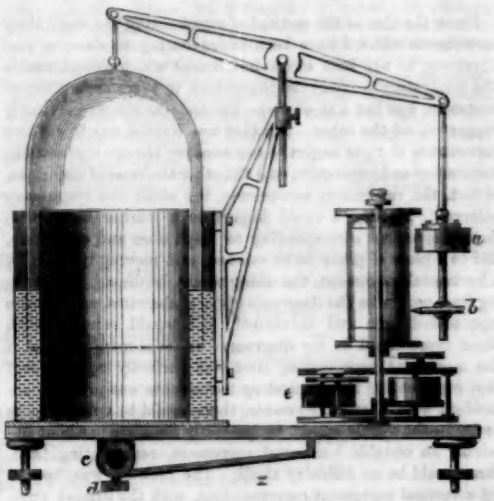
Let us now see exactly what takes place on making a complete respiration. On making an expiration the air passes from the lungs of the operator by the breathing tube *d* into the chamber C, closes the left wing of the right-hand valve, and opens the right wing of the left-hand valve; passes up shaft *b* into cylinder B, the piston of which it raises. As the piston of B is raised the piston of A is driven down, and air rushes in, to supply the vacuum thereby occasioned, through opening *z* and up shaft *c*. Thus when an expiration has been completed, A is filled with pure air (above the piston) and B with foul. On making an inspiration the left wing of the right-hand valve is raised, and the right wing thereby closed, and the pure air drawn from the upper part of cylinder A down the shaft *c*. As the upper part of cylinder A is thus emptied its piston ascends, thereby driving down the piston of B, which, exercising a downward pressure on the contained air, closes the right wing of the left-hand valve, opens the left wing, and expels the already respired air down the shaft *a* and out of the orifice *x*. Thus the course of the air from beginning to end is: in at *z*, up *c*, into cylinder A; again down *c* into chamber C, into lungs of operator; thence up *b* into cylinder B, down *a* and out at *x*; and so on continually.

It is manifest that the movement of either piston would represent the respiratory movements. I do not see how in any other way, if the plan of piston and cylinder is adopted, the renovation of the air could be secured. The objections to the instrument are—the friction of two pistons, the difficulty of securing their faultless and yet easy movement, and the extreme delicacy of the valves, which must be so light that the slightest thing will move them, and fit so accurately that not a particle of air escapes. None of these difficulties appear to me insuperable, and I have no doubt I should have adopted this instrument had not a better been suggested to me. For observation directed merely to the volume of air respired, rate of respirations, &c., where delicate and exact correspondence between the respiratory movements and those of the instrument was not necessary, I conceive it would be most useful.

In talking over the subject one day with my friend, Dr. B. Sanderson, he suggested to me (I think the suggestion was his) an inverted bell-jar over water as the source of movement. If the bell-jar is delicately balanced and accurately counterbalanced, the slightest thing will set it moving; and it has, besides, these two great advantages—that it is inevitably air-tight, and that the friction is less than by any other arrangement; in fact, the friction is merely the friction of the water against the smooth vertical sides of the glass. The movement of the jar up and down in the water is the same thing, as far as friction goes, as the movement of the water up and down in the jar, which would be tantamount to a liquid piston. No friction could be less than this. The one single objection to it is, that the operator would be breathing the same air over and over again. This would not matter if only a few respirations were necessary, but as it is necessary that the respiration should be continued with the instrument some time before the observation is taken, in order that the patient may be accustomed to it, and that the breathing may become unconscious, this objection would be a fatal one if it could not be obviated. Fortunately it can be obviated by a very simple expedient, which I will revert to presently.

The instrument which you see here, and which I propose to call the "*Spirograph*," is made on this principle. For much of its detail and for many ingenious devices, rendering it at once more simple and accurate, I am again indebted to my friend, Mr. Barrett. I think, perhaps, you will understand it better by reference to this diagram. (Fig. 13.)

FIG. 13.



It consists essentially of two parts—the sources of the two required movements, the movement of time and the movement of breathing. One, the bell-jar and the parts set in movement by it; the other, an arrangement of clockwork and the parts set in movement by it. The result is achieved by the one movement registering itself on the other movement.

The bell-jar, which should be as thin and light as possible, is suspended from one end of a beam delicately balanced on a knife edge. From the other end of the beam hangs a rod, up and down which a counterpoise (*a*) is movable, exactly balancing the bell-jar; to the extremity of this rod is attached a pencil or brush (*b*) to mark the required lines. The bell-jar works up and down in the interspace between two concentric metal cylinders, the space between which is filled with water to a level higher than the inferior margin of the bell-jar ever reaches at its highest elevation; so that the sides of the bell-jar are always immersed in water, and the air within it is isolated and cut off from all external communication. It is manifest, then, that the volume of contained air cannot be varied without raising or depressing the bell-jar. The arrangement is, in fact, that of a gasometer. A tube (*c*), guarded by a stopcock (*d*), opens under the centre of the inner cylinder; over the outer orifice of this metal tube is fixed, when the instrument is used, a piece of india-rubber tubing, and to this again an ori-nasal mouthpiece, similar to that of a chloroform inhaler, through which the operator breathes. To the other end of the stand is fixed an arrangement of clockwork, moved by a mainspring in a cylinder, in the usual way, and regulated by a fly-wheel (*e*). This clockwork sets in horizontal rotatory motion one of two cylinders placed above it (only one is seen in the drawing, the other being hidden by the one represented); the cylinders are of exactly the same size. When the instrument is to be used, a strip of cartridge-paper, hardly as wide as the cylinders are long, is closely wound round the cylinder that the clockwork does *not* move, and the vertical edge of its free extremity fixed to the cylinder that the

clockwork *does* move. The effect, then, of setting the clockwork going is to wind the paper off one cylinder on to the other, imparting to it an equable horizontal movement. Thus by means of the connecting paper, the active cylinder imparts a rotatory movement exactly similar to its own to the passive cylinder, which only comes to a stop when the paper is completely wound off from one cylinder to the other.

When the instrument is to be used the operator fixes the orinasal mouthpiece carefully over his nose and mouth, turns the stop-cock (*d*), which opens the tube under the bell-jar, and establishes a communication between his lungs and the air in the jar, and commences to breathe. By means of a rod (*z*), passing under the instrument and connecting the stop-cock with the check of the fly-wheel, the movement made in turning the former releases the latter, and sets the clockwork in motion. This connexion, however, between the two parts of the instrument may at pleasure be broken, and it is often convenient to do so. Supposing, now, that the clockwork is set in motion, but that the operator does not breathe through the tube, it is manifest that as the paper is wound off one roller on to the other, it will pass horizontally against the point of the pencil, and thus simply have a straight line marked on it. Supposing, on the other hand, that the clockwork is not set in motion, but that the operator merely breathes into and out of the cylinder, it is now manifest that the pencil, passing up and down against motionless paper, will merely mark a vertical line. But supposing, in the third place, that both movements are combined—that the breathing of the operator sets the pencil in vertical motion, whilst the clockwork sets the paper in horizontal motion, it is equally manifest that we shall get neither of the former motions, but an intermediate one, or the two combined—neither vertical nor horizontal, but oblique; that as I expire, the bell-jar ascending and the pencil therefore descending, a line will be drawn obliquely downwards from left to right; that at the post-expiratory pause, the pencil remaining stationary while the paper continues to pass from right to left, a horizontal line will be marked proportionate to the length of the pause; that as I inspire, the bell-jar descending and the pencil therefore ascending, a line will be drawn obliquely upwards from left to right; and lastly, that the ascending and descending lines will have a length and obliquity proportioned to the rapidity with which the inspiratory and expiratory acts are respectively performed; in fact, that they will be exactly such as are represented in my diagrams.

I will now set the instrument going, and show you the result.

Here I show you on this piece of paper the lines which you have this moment seen the instrument produce, and you see they coincide exactly with those which I have described as characteristic of natural respiration, and which I had been in the habit of drawing long before this instrument was made, or even designed.

And now it may be asked—What is the practical use of all these critical distinctions between the different forms of dyspnœa? What am I the better for knowing what kind of zigzag is characteristic of asthma, and what of laryngitis? How will this instrument help me in the treatment of disease?

About the first point—the utility of a critical knowledge of the laws of dyspnœa, its mechanism, and the diagnostic characters of its different varieties,—there can be no doubt at all. Such special knowledge has the value of all aids to diagnosis. Many a time it has enabled me to decide a doubt, to correct an erroneous impression, or to make a short cut to a diagnosis. The respiratory movements have often, in relation to diagnosis, the power of the ancient Tribunes—the power of the "veto." They say what *cannot* be, and this negative evidence is often of the highest value. It may require a further investigation to determine exactly what *is* the matter with a patient's lungs, but the mere examination of the respiratory movements is often quite sufficient to show what is *not* the matter with them. Let me give some examples.

A short time ago a young lady came to me from the country with the idea, which was also entertained by her medical attendant, that she was suffering from asthma. She had paroxysmal difficulty of breathing, which was evidently under the influence of nervous causes. She had no bronchitis, emphysema, or heart-mischief, and she was not anæmic. Her difficulty of breathing, therefore, it was thought must be asthmatic. But I found on examining her respiratory movements that, in spite of there being an appearance of great difficulty of breathing, they were remarkably free, and their range wide; that there was not the slightest bar to the freest chest-expansion. I saw at once that the case could not be one of asthma; for unless we surrender the only tenable pathology of the disease, it is manifest that asthma and free chest-expansion cannot coexist. The case proved to be one of nervous dyspnœa, or hysterical dyspnœa, or subjective dyspnœa, or whatever we may like to call it, and was in no way asthmatic as was supposed. Here, then, was a case in which *range of movement* was the turning point of the diagnosis.

Two or three months ago, I was called into the country to see a lady who was supposed to be suffering from severe bronchitis. The lady herself was frightfully nervous, and thought that she was in dying circumstances. After saying a few words to her, I asked her to let me feel her pulse, and she gave me her hand with an expression on her countenance as if she was to read her death warrant in my face. While I appeared to be feeling her pulse I was counting her respirations, and I was able immediately to assure her that it was utterly impossible not only that she could have severe bronchitis, but that she could have anything serious the matter with her lungs at all, as she was making only twenty respirations a minute. No doubt she had had a little bronchitis, but when I saw her the thing was over, and she was keeping herself ill by the treatment to which she was subjecting herself. She was unable to resist the arguments by which I supported my assertion, and she speedily discovered that she was not so bad as she thought, because she found it was impossible she could be. In a day or two she left her bed, her wrappings, and her fears. Here, then, was a case in which the *respiratory interval* was the turning point of the diagnosis.

In listening to patients breathing whose lungs, to use a common expression, have been supposed to be "affected," I have frequently found, and it has often been the first thing to strike me, a well-developed post-expiratory rest—a long pause after each expiration before the commencement of the next inspiration. Such a pause gives a remarkable deliberateness to the respiratory act, and asserts in the most positive way the functional integrity of the lungs; for it shows that the respiratory resources are so far in excess of the respiratory demands as to permit the lapse of a certain amount of surplus time before each successive repetition of the respiratory act becomes necessary. Now the first result of all organic disease of the lung is to curtail its functional resources; and therefore one of the earliest symptoms of all pulmonary disease whatever is to diminish or destroy this post-expiratory rest: where, then, I find it present and well-developed, I feel certain, all appearances to the contrary notwithstanding, that the lungs are perfectly sound. Here, then, is a case in which the *respiratory rhythm*—the relative proportion of the different parts of the respiratory act—becomes the turning point of our opinion. And surely this is a great advantage; surely it is a great advantage to be able to sweep away from one's mind and from the minds of one's patients, by so momentary a process as the recognition of a single unobtrusive incident of the respiratory movements, the incubus of a painful uncertainty and apprehension—to feel in a moment perfectly certain and perfectly easy.

With regard to the instrument, time only can prove its practical utility as an aid to clinical study; but, on the other hand, time alone can *disprove* it. I may very safely at present challenge anyone to prove to me that it is worthless. One thing is quite certain—that it will do its work; it will make these lines; and the lines so made will have a certainty and a positiveness that no interpretation of phenomena on the part of an observer can possibly have.

. . . . . They will have the same kind of value as a photograph. A photograph is made by the sitter, not by the artist; so these lines produced by the instrument will be made by the patient, and not by the doctor. The patient's breath will be, as it were, the hand that moves the pencil; the lines will not be "doctored," whatever the patient may be. There will be no disputing them; it will be impossible to say they are the result of imagination or error. The only thing that I think may impair the practical value of the instrument is the conscious direction of the attention to the respiratory movements which its use may involve. I have already adverted to the disturbance which the intervention of the conscious will introduces into the respiratory movements. No person can breathe consciously and breathe naturally at the same time; and as healthy breathing, when consciously performed, becomes modified thereby, so would the various forms of diseased breathing. I regard this as a fatal objection, unless it can be obviated. I should not attach the slightest value to any observations on the respiratory movements, or anything connected with them, if they were made when the attention of the patient was directed to what he was doing, and how he was breathing. But this difficulty *can* be obviated. By means

of the valve in the breathing-tube the respired air can be directed into or out of the bell-jar at pleasure, and the instrument set going at the will of the operator without the patient being in the least conscious when this is done; and thus the observation may be taken when his breathing has settled down into a regular swing, and his attention is occupied by some other subject. There is no reason why the instrument should not work so quietly that this change might be made without the patient's knowledge. No doubt there will be many cases in which the respiratory movements would be of great interest, but in which the patients will be too ill to make use of this or any other instrument. This, however, merely expresses the limits of its application, as it would in any other instrument, and in no way affects the value of the information derived from it in those cases in which it can be used.

It is impossible to predict what may be the future place of any newly-invented instrument, or what may be the ultimate value of the facts obtained by it. No doubt the discoveries of Galvani and Volta appeared once to be very barren and profitless speculations; and one of these days this instrument may be looked upon as a useful, if not indispensable, aid in that process of analysis which we call diagnosis. And even should any disqualifying circumstance—such as size, cost, or complexity—be a bar to its general and every-day utility, should it be rather the luxury of the pathologist than the necessity of the physician, nevertheless, if it enlarges in even so small a degree the domain of our clinical knowledge, its invention will not have been in vain.

In conclusion, I have only to thank you, Sir, and those who have honoured me by their presence, for the kind and patient attention with which you have listened to these lectures.

ON

FACIAL HEMIPLEGIA AND PARALYSIS OF THE FACIAL NERVE.

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(*Concluded from page 454.*)

Examination of difficulties in regard to buccinator and orbicularis palpebrarum muscles. — Loss of galvanic contractility in muscles in peripheral hemiplegia.—Other points requiring investigation.

II. It now remains to inquire what were the points of difficulty in the phenomena of facial hemiplegia which induced so distinguished an observer as Dr. Todd to adopt his peculiar views, and by which his opinions are still by some conceived to receive support. It is apparent, from what has preceded, that these difficulties are chiefly two: one of them science has long since solved, while the other still remains to be explained. The first anomaly is the affection of the *buccinator* muscle, which is paralysed both in palsy of the portio dura and in cerebral hemiplegia of the face; the second is the partial exemption of the *orbicularis palpebrarum* muscle, which is affected in peripheral paralysis of the portio dura, but escapes injury in the facial palsy of cerebral origin.

The *buccinator* muscle stands in the peculiar anatomical relation that it is supplied both by the fifth and by the seventh nerves; and, till recently, anatomists regarded the buccal branch of the fifth as either the only or the chief motor nerve of this muscle. Dr. Todd held the view that the buccinator received motor branches from both nerves, and he accounted for the double supply on the hypothesis that the facial was the motor nerve of the buccinator as a muscle of expression, while the fifth communicated the motor influence for mastication only. This hypothesis led to serious confusion and difficulty, which Dr. Todd felt, but from which he could not extricate himself. He confesses himself unable to understand why the buccinator muscle should be completely paralysed, even of its masticatory function, in lesion of the portio dura, which he held to be its motor nerve for expression only; and he was at no less loss to know why it was paralysed, as a muscle of expression, in what he assumed to be paralysis of the fifth pair, in cerebral hemiplegia. Of these, which he calls "curious facts," he hints at a possible explanation in accordance with Marshall Hall's views, that the fifth nerve might possess a cerebral and the seventh a spinal character; but he at once rejects the solution as "inadequate to explain the complete palsy of the buccinator muscle when the fifth is the only nerve affected, as in common hemiplegia" (p. 649), and leaves the "facts" unexplained, and apparently inexplicable.

It is now more than twenty years since the error and difficulty in regard to the buccinator muscle was clearly corrected and explained, on the basis both of anatomical and physiological science, and of clinical observation, by M. Longet in his celebrated work "Anatomie et Physiologie du Système Nerveux" (Paris, 1842, ii., p. 187, and p. 408 *et seq*).* The experiments of succeeding physiologists, and the observations of physicians, have confirmed M. Longet's statements; and this point of physiological anatomy is so far settled that it is now usually accurately stated in our best ordinary text-books of physiology. The correct account is that the seventh pair is the only motor nerve of the buccinator muscle for all its actions, whether of expression or of mastication; and that the fifth pair supplies it, not with motor, but with sensory fibres. It is equally strange that Dr. Todd should have been unacquainted with Longet's observations, or that he should have entirely omitted to consider them. But it is, nevertheless, the case that not only Dr. Todd, but the principal anatomical and physiological authors and lecturers, with few exceptions, continued up to the last few years, and many still continue, to teach the erroneous doctrine that the buccinator muscle is supplied with motion by the fifth pair, and not by the seventh.† Amongst the few who taught correctly, I must not omit to mention my friend Dr. Struthers, now Professor of Anatomy in Aberdeen, who informs me that, at an early period, he became convinced, by the independent observation of clinical cases of paralysis of the portio dura, that the motor supply of the buccinator was derived exclusively from that nerve. He has, accordingly, always so taught in his lectures, and had made a collection of clinical cases illustrative of the point, the notes of which he has obligingly forwarded to me. Not to dwell unnecessarily on this point, however, let it be understood plainly, that *the buccinator muscle is interrupted in all its functions, whether of expression or of mastication, whenever the portio dura is paralysed; it is unaffected, and all its actions are preserved, in motor paralysis of the fifth pair.* It will be perceived that this completely explains the difficulties in regard to the buccinator which Dr. Todd considered insuperable; but, at the same time, it entirely subverts his notion that paralysis of the buccinator in cerebral hemiplegia is due to lesion of the fifth nerve, and it destroys one of his main arguments for maintaining that the fifth nerve is commonly affected in that form of paralysis.

In regard to the orbicularis palpebrarum muscle, another source of difficulty appeared. In facial palsy from lesion of the portio dura, the orbicularis palpebrarum is almost invariably paralysed: the voluntary closure of the eyelids, the usual movements of winking and the shutting of the eye when the conjunctiva is irritated, all are more or less interrupted or prevented. On the contrary, in the great majority of cases of cerebral hemiplegia of the face, the orbicularis palpebrarum is not materially affected; the act of winking and of voluntary closure of the eyes continues on the paralysed as on the sound side, with the small exception that the voluntary closure is usually weaker on the palsied side. These symptoms, indeed, form one of the best diagnostic marks between centric and peripheral paralysis of the face: the hanging cheek, with wide-open, staring, unwinking eye, denotes lesion of the portio dura; the flaccid face, with the natural position and motions of the eyelids, is the sign of cerebral lesion, and indicates a more serious disease. This valuable distinction is said to have been first noted by Récamier,‡ its pathognomonic value is insisted on by Dr. Todd (p. 644), and it is well known to every clinical observer. There can be but little doubt that the usual immunity of this orbicular muscle (which is supplied by the seventh pair) in cerebral hemiplegia affecting the face, while it is so conspicuously paralysed in the peripheral paralysis of the portio dura, was one of the main reasons which led Dr. Todd

* Also previously by Mayo, 1823; and Volkmann, in Müller's Archiv, 1840.

† Physicians also commonly make this mistake; even the learned and accurate Hasse, in Virchow's Handbuch der Path. u. Ther., Bd. iv., 343.

‡ Duchenne: Electrisation Localisée, 2e Edit., 1861, p. 365, note; where it is also stated that M. Duplay, in *l'Union Médicale* of Aug. 28th, 1854, "De la paralysie faciale, produite par une hemorrhagie cérébrale chez les vieillards," has reported several cases of facial hemiplegia, in which a cerebral cause was demonstrated on dissection, and in which nevertheless the orbicular muscle of the eyelids was paralysed. I regret that I have no means of access to this paper, as its study would probably be peculiarly interesting and instructive in relation to the present inquiry.

to assume that in the former case it was not the seventh but the fifth nerve that was at fault. And we have heard the same fact alleged recently in support of Dr. Todd's opinions, or at least as still unaccounted for on the supposition that the seventh is the nerve affected in cerebral hemiplegia. It is important therefore to search for a solution of the difficulty.

In examining this question, it is necessary to remember that one reason why the action of the orbicularis palpebrarum is not arrested in cerebral hemiplegia is, because ordinary winking is a reflex and not a voluntary act. When the motor influence of the brain is withdrawn from a part, the rule is, that the voluntary movements cease, but the reflex actions persist. Winking continues therefore in cerebral hemiplegia of the face after the mobility of the features has ceased, for the same reason that the respiratory movements of the intercostals and diaphragm are preserved in the cerebral hemiplegia, which deprives the limbs of voluntary power. On the other hand, both voluntary and involuntary closing of the eyelids is prevented, and the orbicularis palpebrarum and other muscles are completely paralysed in lesion of the portio dura, because the efferent conduction of all motor influence, reflex and voluntary alike, is then interrupted. In the same way, spinal hemiplegia is distinguished from cerebral by the muscles of the thorax being paralysed in conjunction with those of the limbs, because in the spinal disease the tracts for reflex action are injured simultaneously with the conductors of volition.

This explanation, which accounts for part of the phenomena, may be extended, however, beyond the simple reflex actions, as follows:—

The facial motor or portio dura of the seventh pair, considered as a musculo-motor nerve, contains within its common trunk fibres serving different purposes, and provided therefore with different capacities of action. These fibres may, for our present inquiry, be divided into—1st, voluntary motor fibres, by which the voluntary movements of the features are performed, and by which especially labial and buccal speech and mastication are accomplished; 2nd, emotional fibres, by which the features express the passions more or less involuntarily; 3rd, reflex motor fibres, which are involuntary, for the act of winking and for the movements of the nostrils in respiration.

According to the principles of physiology, these different sets of fibres derive their peculiar functions, not from any special properties of the nervous fibres themselves, but solely from the nature of their origin or central connexions in the brain or medulla oblongata. Thus, although anatomy cannot yet trace individual fibres to their primary source, there is good reason to believe that the voluntary motor fibres originate from a cerebral centre of conscious volition; those for expression must be connected with the cerebral organs of the emotions; while those for reflex action arise, more or less independently of the cerebral hemispheres, from the medulla oblongata, in connexion (*inter alia*) with the sensory branches of the fifth pair, with which they are associated in the act of winking.

If these propositions are admitted, it is clear that, in lesion of the nerve-trunk, in which all the fibres indiscriminately are equally liable to be affected, not only voluntary, but emotional and reflex, motions will be suspended. But when the cause of the paralysis is cerebral, the origin or course of certain sets of fibres may alone be involved by the lesion, while that of other sets, being in a different part of the encephalon, may entirely escape direct injury; and the symptoms will vary with the special seat of the central disease. The voluntary and emotional actions, either or both, which have their origin in the cerebrum, will usually suffer; while the fibres for reflex action, which have their source in the medulla oblongata, may be expected to retain their power. The play of the features will be lost, and buccal and labial speech and mastication impaired; but the natural position of semi-closure, and the involuntary winking of the eyelids, will be preserved. In short, as there are three sets of fibres to be taken into account, so there are three species of paralysis of the facial nerve: voluntary motor paralysis, emotional paralysis, reflex paralysis, which may or may not co-exist.

In tracing out these views, which to some may appear too theoretical, I was not aware that any cases had been observed of centric facial hemiplegia, where the voluntary and emotional actions had been separately and independently paralysed. On referring to Romberg's work, however, I found two very remarkable cases quoted of this description. In the one case reported by Magnus,* the voluntary movements of the face were entirely lost, while the facial muscles still acted powerfully under the influence of emotion. The other case by Stromeyer (of which I have been unable to see the original in Casper's "Wöchenschrift für die Gesammte Heilkunde," 1837, p. 33) is the converse of Magnus's: there was paralysis of expression and of respiratory movements on the right side of the face, with the usual facial distortion, increased by emotions or talking; but the voluntary power remained, for the patient was as able to "control the muscles on this side as those on the left. She could move the angle of the mouth, dilate her nostrils, wrinkle her forehead, and contract her eyebrows at will," &c. Magnus explains his case by supposing that the emotional impulse being the stronger, could overcome an obstacle to nervous conduction which resisted the effort of volition. But Stromeyer's case is opposed to such a supposition. On the theory of separate nerve-centres, such as I have indicated above, both cases would be readily explained.

I should not wish to urge these theoretical views too far, nor to attach more value to them than this, that they afford an explanation in accordance with the present state of nervous physiology and pathology, and still more that they suggest further inquiry into facts, especially dissections of cerebral hemiplegia, which may, in confirming or confuting them, extend our knowledge.

Whether explicable on the principles just referred to or not, it is necessary to attend to the fact, that while the facial palsy due to lesion of the nerve is usually complete, that caused by cerebral disease is nearly always incomplete, both in the number of muscles affected and in the degree of their paralysis; the affected muscles are weakened and disabled, but have not wholly lost their power. The same partial and incomplete character is observed in cerebral hemiplegia of the limbs, the arm being usually more affected than the leg, &c. In the face it is usually the lips and cheek that are most affected, causing difficulty of articulation and mastication, and distortion on smiling; although careful observation will show at the same time diminished power in closure of the eyelids, wrinkling of the nose, &c. The partial and incomplete nature of the paralysis is further shown by the stimulus of galvanism: the galvanic contractility of muscles is greatly impaired, and is soon entirely lost, in lesion of the portio dura, while it is retained, or is only slightly enfeebled, in cerebral hemiplegia. The same difference of susceptibility to galvanic stimulus is observed in limbs, according as the brain or a nerve-lesion is the cause of the paralysis. Such facts are not inconsistent with the theory of different centric origin of several sets of fibres bound up together in the same nerve-trunk, and they afford no ground for supposing that it is the fifth nerve, and not the seventh, which is paralysed in the ordinary cases of cerebral hemiplegia involving the face. They merely indicate that a centric lesion may involve a part only of the origins of the nerves affected, and may damage only, and not destroy even these.

Having thus discussed, so far as my present opportunities admit, the points of difficulty which had occurred to Dr. Todd and other observers, I have only further to remark, that not only does it appear certain to me that in facial hemiplegia it is the seventh, and not the fifth, nerve which is affected, but I have hitherto failed to observe any clinical evidence that the fifth pair is at all implicated in ordinary cases of facial hemiplegia.* Complicated cases occur in which the fifth and the other cerebral nerves, one or more, are involved in an intracranial disease; but in the ordinary cases of cerebral hemiplegia of the face, to which Dr. Todd's statement alone refers, the rule is the reverse of what he asserts: the facial is paralysed, the fifth nerve is exempt.

There are certain other points of interest which I shall not enter upon, but to which I should wish to call the attention of physiologists and of clinical observers. These are,—

1st. Why the contractility of muscles under the galvanic stimulus is speedily lost in peripheral paralysis of the portio dura, while it is retained in cerebral hemiplegia of the face? What bearing has this fact on the doctrine of the *vis insita*?

2nd. Clinical evidence of reflex paralysis of the seventh pair from impairment or lesion of the sensory portion of the fifth pair.

3rd. Why, and under what conditions, is facial paralysis succeeded by contracture, or tonic spasm of the muscles previously paralysed?† I had recently under my care a patient affected with peripheral paralysis of the facial nerve, in whom the affected muscles had completely lost their contractility under the stimulus of galvanism, and in whom, nevertheless,

* Müller's Archiv for 1837, pp. 258-266, and p. 567.

* Romberg, however, describes motor and sensory paralysis of the fifth pair as frequent in recent cerebral hæmorrhages. I know no evidence of this.—Sydenham Society Transactions, vol. ii., p. 280; and Müller's Archiv, 1838.

† Spasmodic tic of Marshall Hall, who first described it.

the previously palsied muscles are now the seat of contracture, as much over-shortened as they were previously over-lengthened. There has been, at the same time, some return of voluntary power in them. A casual observer seeing him for the first time, would think that the natural side of his face (the left) was paralysed, and that the opposite one exhibited the usual dragging of the features to its own side. But on voluntary or emotional action, the motor power is found to be natural on the elongated left side of his face, and deficient on the shortened right one. Though the right eyelids are closer together than the left ones, he cannot by any effort close them completely, while they readily shut on the opposite side. What is the meaning of this contracture? Is it a return of muscular power in excess, or a kind of *rigor mortis*? It could only be the latter if it preceded wasting.

4th. The influence of the facial on vascularity (vaso-motion) and secretion. I have not in my cases seen any good examples of this.

5th. The influence on the palate, of which I have seen some marked examples. (See *Edinburgh Medical Journal* for August and September.)

These, and several other points which this subject presents, have not been sufficiently investigated, and both scientifically and practically they are interesting and important.

A DESCRIPTION OF THE INITIAL LESION OF SYPHILIS AS OBSERVED WHEN INOCULATION OF THAT DISEASE IS MADE EXPERIMENTALLY.

BY BERKELEY HILL, F.R.C.S.,
ASSISTANT-SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

(*Concluded from p. 453.*)

SUCH, then, is the most frequent form of commencement of the constitutional disease when purposely inoculated, and I see no reason to suppose it to be essentially different from the appearance of the disease when accidentally contracted.

But the papule may develop without ulceration at all, the utmost alteration of its surface being a slight desquamation at the centre. Such was the condition of the tubercles developed in the case referred to before, where the syphilis was engrafted by sucking an open wound, the sucker's lip having a mucous tubercle on it. The note is as follows:—

On March 5th, 1864, John J——, aged thirty-three, applied among my out-patients at University College Hospital. He said that about fourteen days before Christmas, while fighting, he received a blow on the right eye and cheek, which drew blood. His antagonist sucked the wounds for him, after which they quickly healed, and, so far as he knew, the marks disappeared. No further inconvenience was felt until the latter end of January, when some pimples formed where he had been struck, from which presently some scabs fell, leaving a red pimple where they had been. During this time no discharge of any kind had existed. After a while he came under my care, when I found an elevated, smooth, dry, coppery patch at the corner of the right eye, and two others along the lower lid, which were desquamating; but no ulcer was present, nor did any appearance of cicatrix remain. The glands beneath the jaw were severally enlarged, and the man had subsequently a rash on his skin, with sore-throat and other symptoms of syphilis.

Here, again, is a variety of the primary affection, occurring naturally, corresponding with the appearances of the primary affection in a few of the cases where the disease was intentionally communicated; and it will hardly be maintained that ulceration, if present, could have been overlooked in such a situation.

3. I find a case of Vidal's and one of Gibert's of artificial inoculation, in both of which the incubation period was terminated by the formation of a pustule, which assumed an indurated elevated base, but the pustule is described as preceding the induration formation.

In the face of these facts I cannot deny that syphilis may so begin, though doubtless such an origin is very rare; and recollecting the loose way in which the term "pustule" was employed at that time by French dermatologists, I am still inclined to doubt this being a correct observation, and wait for further proof before accepting this mode of commencement as an actual one. The account of John Hunter's inoculation of himself with syphilis, in which experiment he used a purulent discharge from the urethra of a syphilitic person, is apparently an instance of pustular origin of the primary disease. This account gives, I acknowledge, a most minute description of the way in which the vesicle rose on the wound, and then became a pustule. To explain this, I think, as there was no incubation between the inoculation and the vesicle-formation, that it was caused by the insertion of pus in addition to the syphilitic virus, and, therefore, was independent of the syphilitic inoculation, being a consequence of the insertion of pus under the cuticle. Be this as it may, amongst those cases where syphilis has been purposely communicated, the commencement of the primary affection by formation of a pustule has been excessively rare. For even where the commencement of the disease has not been described with sufficient minuteness to be included amongst the before-mentioned nineteen cases that I could cite as illustrative of the production of the primary lesion, mention is seldom if ever made of a pustule being the first appearance. The words ulcer or chancre are often employed; but we have seen that these may readily arise without any pustule preceding them.

4. Is it possible that syphilis can manifest itself without having first passed through the primary stage? Here, again, I think a positive reply cannot be given; but the evidence is, I also think, very greatly against such a supposition. And Ricord, Rollet, with a host of other authorities, assert most positively that syphilis always commences with a primary lesion of some kind; and such an opinion is justified by the following reasons:—

In the first place, as has been related, the primary lesion may be so slight and temporary an affection as to be readily overlooked, or it may have already dwindled away by the time the case comes under observation.

Again, cases of recently inoculated syphilis, where no trace of the primary affection exists, are exceedingly rare, supposing them to occur now and then; I, for my part, have never seen such a case.

Also, if such a possibility is admitted, we must grant to syphilis a very peculiar power of making important departures from its usual course which, in the great majority of cases, it follows with undeviating regularity: consisting, first, of the incubation stage of three or four weeks; then the formation of the primary lesion, with enlargement of the nearest lymphatic glands; six or eight weeks later, the appearance of general symptoms, &c.

Lastly, there is to be considered what, perhaps, in the mind of some of my readers, will be held the essential question concerning the connexion of ulceration with primary syphilis—that is, syphilis preceded by soft chancres. But, at the beginning of this paper, I stated that I excluded from primary syphilis the simple contagious ulcer of the genitals; and I have only now to advert to those very frequent cases where the two affections are implanted at the same breach of surface, either simultaneously or successively. Ricord long ago pointed out that if chancrous pus were inoculated on a syphilitic person—i. e., a person suffering from constitutional syphilis, the chancre produced never indurated; but if some of the pus from this simple chancre were transplanted to another who was not syphilitic, on this second victim a hard chancre resulted, and was followed by constitutional disease in the ordinary course.

The explanation of this diversity of result produced by inoculating apparently the same kind of matter is simply this: syphilis cannot be imparted to a person already under its influence; soft chancres, on the other hand, can be so propagated an indefinite number of times: therefore the first inoculation produced a soft chancre only in the syphilitic person, but the pus generated in his person was thereby mingled with the syphilitic virus contained in his solids and fluids, and from him transferred to new soil, where it began to work its effects in due course.

And similar to this instance are, in my opinion, all cases where constitutional syphilis is propagated with the soft contagious ulcer. Induration is later in appearing in some cases than in others, and therefore its connexion with the soft chancre appears to be sometimes intimate, at others remote.

Objection has been made to this view—namely, that immediate ulceration without incubation of a venereal sore, with subsequent induration, more or less distinctly marked, of the ulcer, and constitutional disease, is produced by deposition and hatching of two poisons in one nest; because it has been

assumed that two provocatives of morbid action—in short, two viruses—cannot work at once in the same place. But the syphilitic poison is not so antagonistic to other agents of diseased action, for it has been proved that it may be transferred with the vaccine lymph from one child to another, and there its action and development are not prevented by the presence and previous formation of the vaccine vesicle and cicatrix. Syphilis in these cases—for a particular account of which I must refer my readers to M. Viennois's (of Lyons) treatise on the Propagation of Syphilis by Vaccination—has a course quite similar to those where it is engrafted without vaccinia.

In conclusion, I may be allowed to enumerate the points I have endeavoured to establish:—

1. That the evolution of primary syphilis is generally, but not invariably, accompanied by ulceration.

2. This ulceration is not the earliest sign of successful inoculation, but rather a result of degeneration of the badly-developed tissue of which the indurated papule or tubercle consists.

3. That the production of an ulcer immediately after inoculation is in every case due, not to the syphilitic poison itself, but to irritating matter being inserted with it in the wound; this irritating matter being in many cases the contagious principle of soft chancres, or the pus of other suppurating surfaces, as in the instance mentioned before, where Vidal inserted some pus of a syphilitic pustule into a gentleman's hand, and produced a pustule which lasted fifteen days, then subsided, and no further action took place until the thirty-fifth day, when the eruption broke out afresh, and constitutional symptoms appeared 128 days after the inoculation.

4. That the ordinary commencement of syphilis being by formation of a solid elevation of the skin at the point of entry of the poison, with subsequent ulceration of the tubercle, it is very doubtful if these appearances are ever altogether absent.

Weymouth-street, Oct. 1865.

ON PROLAPSUS OF THE RECTUM, WITH HÆMORRHOIDS.

ABSCESS AND FISTULOUS COMMUNICATION WITH THE BOWEL.

BY DAVID JOHNSON, M.D., M.R.C.S.

THE following is one of those cases which, while rendering the patient's life one of constant misery and pain, is too frequently, from motives of delicacy, obscured from the pale of the surgeon's interference, although a speedy and permanent cure could in perhaps all instances be obtained:—

H. S——, aged forty-three, a clerk, of sedentary habits, consulted me for disease of the rectum. He is a dark, emaciated, but well-proportioned gentleman, with an exceedingly sallow and jaundice-looking complexion. He formerly resided in Calcutta, and was removed thither to London eighteen months since in consequence of his present indisposition. He was invariably constipated, and had for years been the subject of a prolapsed condition of the bowel associated with piles. Defecation was always followed by throbbing and smarting pain in the fundament, accompanied with violent straining and oozing of blood. Micturition, too, was attended with great pain and bearing-down, but there was no urinary disease. While in India he was attended for occasional hepatic mischief, and felt sure he had taken more than his share of blue-pill and aloes, as he had lost several of his teeth from excessive ptyalism. Various kinds of unguents and injections had been had recourse to locally without any appreciable beneficial result. He had now no appetite, was very restless and miserable, rarely being able to sleep without resorting to opium. He seemed desponding, and evinced little desire to change his position—in short, his ailment had grown so troublesome that he shunned society, and was confined to his bedroom. If he attempted to raise himself to the erect posture, the prolapsus was instantaneous and complete, causing pain of the most agonizing and intolerable kind, and while in that position blood would trickle down to his feet. It was in this deplorable condition he sought my advice.

On examination, I found a large globular mass of mucous membrane and intestine protruding, forming a tumour the size of my fist, exceedingly vascular, and covered with blood, and so exquisitely sensitive that he dreaded my attempting to touch it. On the left margin of the anus there was a large hæmorrhoid; while on the right, and somewhat anteriorly, a fluctuating abscess presented itself, the size of a walnut. This I immediately opened, and gave exit to a quantity of pus and dark-coloured fluid, of a most horribly offensive character not easily to be forgotten. By gentle pressure with a warm sponge I readily succeeded in returning the protrusion; still a slight cough or strain quickly brought the mass into view again, evidently due to the remarkably relaxed condition of the sphincter ani muscle, caused by its constant descent. By making now a digital examination with the left index-finger high up in the rectum, and at the same time passing a director through the abscess wound, a fistulous communication with the bowel was found to exist. While manipulating, a small, hard, and round body, not unlike a cherry-stone, escaped through the abscess wound, and which had doubtless made its way through the mucous membrane, and, burrowing there, had given rise to this additional trouble.

After desiring a dose of castor oil to be taken at night, I visited him the following morning, and, finding the protrusion complete, cautiously but freely applied strong nitric acid over the entire surface, which brought on a good deal of involuntary straining, and, on its subsiding, I returned the substance within the sphincter, and administered two grains of solid opium. This occurred on the 15th of January last. On the 22nd, I had applied the acid every other day, having aided the descent of the bowel; and there was now a good deal of apparent sloughing, but less protrusion. Bowels open every other day, and he did not complain of so much pain.

Jan. 29th.—Dressed with the acid twice; bowels confined; appetite bad; in great pain, and complains of tenesmus. Administered an enema of cold water, with glycerine and laudanum, prescribed the following mixture and pills, and recommended a soft but nutritious diet, with a moderate quantity of wine:—Dilute hydrochloric acid, one drachm and a half; tincture of calumba, one ounce; water to six ounces: an ounce to be taken thrice a day. Extract of nux vomica, two grains; extract of hyoscyamus, twelve grains; a sufficient quantity of conserve of roses to make six pills: one to be taken every night.

Feb. 4th.—Health much improved; very cheerful; appetite good; bowels obedient; no protrusion whatever; no pain; a little discharge of blood and pus, which is increased after defecation.

5th.—I divided the sphincter, and laid bare the fistula; dressed with dry lint, and ordered occasional ablution with soap-and-water; inserted an opium suppository. To discontinue the nux-vomica pills. Absolute quietude enjoined.

10th.—Improving; passed a double ligature through the base of the external hæmorrhoid; bowels confined. The pills to be recommenced. Appetite very good; wounds healing.

17th.—Still progressing; ligatures separated; wounds nearly healed; is very anxious to get up.

26th.—Walking about the house. Expresses himself well and able to resume employment. Defecates daily without inconvenience or pain.

Since these notes were taken I have frequently met him walking to and from his occupation, which he now says is his luxury. He has gained considerably in flesh, and, in his own words, "is as happy as a king."

Old Kent-road, Oct. 1865.

PROPOSED NEW PROFESSORSHIP AT CAMBRIDGE.—The Syndicate appointed to consider the best mode of providing for the teaching of anatomy and zoology in the university has made a report to the Senate, which has already been printed. After stating that at Lady-day, 1866, a charge amounting to £300 a year, for a portion of the stipends of the Lucasian and Plumian Professors, will cease, the Syndicate recommended—1. That the stipend of £300 per annum now paid to the Professor of Anatomy be continued to his immediate successor, who may be expected to take the department of Human Anatomy and Physiology. 2. That a Demonstrator in Anatomy be appointed at a stipend of £100 per annum. 3. That a Professor of Zoology and Comparative Anatomy be appointed at a stipend of £300 per annum, to lecture on, and teach the principles of these sciences. A meeting, convened by the Vice-Chancellor, to consider the terms of this report was held in the Arts School on Saturday afternoon, the Vice-Chancellor presiding. Several scientific men present discussed the question, and the general tone of the meeting was favourable to the proposed changes.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

INFLAMMATION OF THE SCROTUM AND PENIS; DEATH.

(Under the care of Mr. PAGET.)

ON the 20th of last September we saw a man named George B——, forty-six years of age, a carman by occupation, placed upon the operating-table. His scrotum and penis were greatly swollen, œdematous, and of a dull-green colour. The perineum was not involved. He was much collapsed.

Before resorting to any operative procedure, Mr. Paget directed especial attention to the patient's appearance. It so closely resembled, he said, the effects of infiltration of urine from rupture of the urethra, that it was difficult at first sight to imagine that this lesion was not present. Against this view, however, was the man's history. It seemed that the swelling had existed for four days, but that until the preceding day he had voided urine without difficulty. Mr. Paget ventured to predict that this was a condition independent of any urethral lesion, and that a catheter would pass without difficulty; and, in effect, he succeeded immediately in passing a good-sized instrument, through which a considerable amount of urine flowed. He then with a scalpel freely incised the œdematous tissues. There was a little serous exudation, which had no urinous smell. Mr. Paget remarked that he had met with a case of similar description the year before last, and one also a few months ago. The man was removed to bed, and poultices applied, but he failed to rally from the state of collapse, and died a few hours afterwards.

Mr. Eccles, the house-surgeon, tells us that on making an examination of the man's body he found all the organs healthy. The urethra was quite sound, and the kidneys were free from disease. The man, it seemed, had led a very intemperate life.

There are points of great interest, and, may we not add, of obscurity, in a case of this kind. No cause could be discovered for this access of inflammation. There was no stricture, ulcer, or sinus upon which, according to Mr. Liston, such an attack of inflammatory œdema usually supervenes. No local reason, indeed, could be found to explain the origin of this attack, and we are left in complete ignorance of the cause of its selection of this particular site; and if we fall back upon the idea that it was probably of an erysipelatous character, we still cannot explain why inflammation of a few square inches of cellular tissue at this spot, so far removed from vital organs, should cause death. We are left, indeed, to the choice of two alternatives. The local inflammation may have been a result, not a cause, of the depressed nervous force so unmistakably marked in this patient. We know that gangrene of the scrotum and penis is not an uncommon result of typhus fever. Or, remembering the fatality which often attends a very similar inflammatory attack arising from infiltration of urine in this quarter, we may concede the probability of a closer connexion existing between this region and the great nervous centres than physiology is yet able to explain.

BRITISH LYING-IN HOSPITAL.

PERINEAL OBSTRUCTION TO LABOUR; DELIVERY BY INCISIONS INTO THE VULVA.

(Under the care of Dr. MURRAY.)

OF the various impediments to the progress of natural labour, that which is offered by the perineum in certain cases does not usually prove insurmountable. Generally the perineal structures finally yield before the pressing head, with or without the occurrence of laceration. Cases have also been met with in which the fœtal head has perforated the perineum, and the child been born through the opening thus made, leaving the edges of the anus and vulva untouched. In the following case, however, the condition of the parts was such that delivery seemed impossible by any one of the three methods referred to.

E. M——, aged forty, was admitted into the hospital in labour at nine A.M. on Sept. 11th. Labour had commenced at six A.M., and at the time of her admission the head of the child had begun to press on the perineum. Dr. Murray saw her at eleven A.M., and found her suffering severely from the expulsive pains of the second stage of labour. The head of the child was forcing against the perineum, which was still thick and firm; and the posterior fontanelle could be seen and felt at the vaginal orifice. The patient was now in her eleventh labour, and had undergone an operation for laceration of the perineum some nine or ten months previously, which proved rather too successful for her present condition. The vaginal outlet was so small that it would hardly admit the introduction of three fingers.

Dr. Murray, finding it impossible for the head to enter the small orifice it had to pass through, decided to incise the vulva on either side, rather than meddle with the perineum. Accordingly, with a director and blunt-pointed bistoury, the labia were divided at their lower third, in a downward and outward direction, to the extent of an inch on either side. The fœtal head, which was prevented from pressing forward during the operation, now immediately passed between the vulva, and the child was born living. The mended perineum remained intact, but the right labium tore for about an inch beyond the termination of the incision made. To this tear two sutures were applied, but the cut surfaces were left unstitched.

Notwithstanding the considerable distension to which the parts had been subjected, contraction and shrinking gradually took place, and the patient left the hospital on October 1st, perfectly well. She has recently been seen, and, with the exception of a slight scar on each labium, the parts are in as sound and good a condition as before her labour.

CLINICAL RECORDS AND OBSERVATIONS.

CONCUSSION (?) OF THE SPINE.

OUR readers will probably remember that in a recent "Mirror" (*vide* THE LANCET of the 9th ultimo) we referred, under the above title, to the case of a man now lying in King's College Hospital. On the 7th instant we again visited him, and, through the kindness of Mr. Bond, the house-surgeon, were supplied with further information upon his case. We found him materially improved as regards his power of speech, but unaltered in respect to the paraplegic symptoms already recorded. For a fortnight previous to our visit galvanism, applied in a variety of directions through the body, had been used daily. Two or three days after its first application speech returned. He can now express himself clearly, and with no evident difficulty, except in one respect: his pronunciation of the lingual "th" would be intolerable even in a Frenchman. If we examine this defect it presents a very interesting feature. The tongue in effecting this sound has need of greater mobility and power of protrusion than in the production of any other. It is advanced so that the upper incisors are touched, the tip projecting slightly beyond them, and is then retracted suddenly. These movements are necessarily effected through the hypoglossal nerve, the lowest of those which originate in the cephalic prolongation of the spinal cord, generally known as the medulla oblongata, and which approaches in some animals so closely to the regular type of the spinal nerves. We have here, then, impairment of a portion of the spinal nervous system, as shown by the paraplegia and of just that part of the cerebral system which is, as it were, on the border territory between the two.

Three weeks since, as it had been suggested by more than one observer who had visited this patient that he was shamming, Mr. Bond, with a view to the elucidation of this point, placed him under chloroform. This was a week previous to the return of speech. Whilst insensible he struggled violently with the upper portion of the body, hitting out wildly with his arms, but *never moved his legs*. He made a great noise, but nothing like an articulate sound. He has had no recurrence of the epileptoid seizures described in our previous notice. There

is absolutely no sensation in the lower extremities when they are touched or pinched; but he tells us that he can feel the passage of the electric current quite deeply, and as though in the bones.

We hope shortly to publish some communications which we have received in reply to our request for cases illustrating the subsequent history of patients injured by blows upon the back. Meanwhile we would again draw attention to the importance of such cases being recorded, and invite further contributions. Such reports should include the kind of violence exerted, the immediate symptoms, and the after-results, whether of a few months' or years' standing. By an accumulation of such histories, much light may be thrown upon a subject at present involved in obscurity, and great assistance rendered in the fair estimation of the amount of damage inflicted in cases of railway accident.

REMARKABLE REPAIR OF EXTENSIVE INJURIES.

On the 29th of July last we saw a boy, fourteen years old, admitted into St. Bartholomew's Hospital, whose condition seemed to hold out scarcely a hope of recovery. He had got entangled in some cord-making machinery, and had been rolled by a revolving metal cylinder much as linen is pressed in a mangle. The ecchymosis was so extensive that his face was enormously swollen and of a dark purple colour, the conjunctivæ intensely chemosed, and the features unrecognizable. The aspect resembled that of a very bad case of scurvy, or perhaps still more, as Mr. Paget remarked, that condition of dark tumefaction which sometimes precedes the eruption in malignant variola. The boy had sustained, besides, the following injuries: oblique fracture of the left femur; separation of the epiphysis of the right femur; wound near the left elbow-joint, possibly entering it; dislocation of the right humerus into the axilla. There was concussion of the brain, and he lay for many hours in a state of complete collapse. A sixth of a grain of morphia was injected subcutaneously, and this was continued daily. On the 26th of August we found him looking cheerful and completely altered in appearance; there was scarcely any ecchymosis remaining; the wound about the elbow-joint had healed; the left femur was encased in a gypsum splint, and the right had united. When we saw him last, on Sept. 27th, the injuries described were repaired, but he was suffering from suppuration in the neighbourhood of the right shoulder-joint. Mr. Eccles, the house-surgeon, who had charge of him, tells us that after the reduction of the dislocation, which was easily effected, inflammation took place, and a large abscess formed, which was opened over the pectoral muscle and in the outer wall of the axilla. It is probable that extensive extravasation of blood took place into the joint at the time of the accident. He still complained of stiffness about the back.

The case furnishes a remarkable instance of the elasticity of life at this particular age. A few years later, and the lad's hardened tissues would have been crushed probably beyond repair.

PAINFUL ULCER OF THE RECTUM, WITH CONTRACTION OF THE ANAL ORIFICE, AND VASCULAR POLYPUS.

A few weeks since we saw Mr. Henry Smith operate in King's College Hospital upon a middle-aged female who had been suffering for two years with difficulty in evacuating the contents of the rectum, accompanied with great pain at the time, which persisted for four or five hours, and then ceased, leaving the patient free until the next action of the bowels. Mr. Smith expected to find simply a fissure of the anus, but, on examination, he discovered that the anal orifice was so contracted as scarcely to admit the point of the forefinger. On inspecting the parts more minutely, a small linear fissure was noticed just within the sphincter, at the posterior verge of the anal orifice. When the patient was placed under the influence of chloroform, the finger could be passed into the bowel, and it was then discovered that a polypus, about as large as a nut, was attached to the posterior wall of the rectum, three-fourths of an inch from the anus. The operation consisted, first, in seizing the polypus with a hooked forceps, bringing it down outside the anus, passing a ligature around it, and then dividing the pedicle. A straight probe-pointed bistoury was next introduced, and the sphincter ani was thoroughly divided in the median line posteriorly, so as to allow of the free introduction of a bougie into the bowel. The patient left the hospital a fortnight after the operation, completely relieved.

The case well illustrates the remarks recently made by Mr. James Lane (see THE LANCET of the 22nd of July last) in reference to the coexistence of polypus of the rectum and anal fissure.

LACERATION OF THE JEJUNUM FROM A FALL UPON THE PAVEMENT.

The following case, for the particulars of which we are indebted to Mr. Mason, late house-surgeon to University College Hospital, was remarkable both for the simple nature of the accident—a fall upon the pavement—which caused the injury, and for the length of time which elapsed before any very serious symptoms ensued.

At eight o'clock on an evening in July last a man about thirty years of age slipped up and fell forwards upon the curb-stone. Feeling no ill effects, he continued his walk, and reached home. During the night he experienced pain in the bowels and purging, and at nine o'clock on the following morning he asked the porter at the hospital for a dose of diarrhœa mixture. This was given to him, and he went away. At one P.M. he again appeared, being then in a state of collapse from intense peritonitis. He was admitted, and died eight hours afterwards.

The autopsy showed a small lacerated opening in the upper part of the jejunum. Two inches above it, in the last portion of the duodenum, a blood-clot the size of a small walnut lay under the mucous membrane, and the surrounding tissues were somewhat stained with blood. The peritoneal cavity contained a considerable amount of fluid, together with a number of gooseberry-skins and peas. The surface of the intestines was covered with soapy-looking lymph. There was no appearance of any ulceration of the intestine. The abdominal integuments showed no injury.

MR. POLLOCK'S CASE OF EXCISION OF THE SCAPULA.

We have had frequent opportunities of examining the girl whose scapula was removed by Mr. Pollock (see THE LANCET of Aug. 26th). Eleven weeks after the operation her condition was as follows:—She had gained flesh, and looked in good health. She was quite free from any uneasiness in the shoulder, and the wound had healed perfectly. She could move the arm from before backwards; but there was not as yet much power of lateral movement. Viewed from the front, the shoulder was level with that of the sound side; it differed from the other only in being a little less full. This deficiency would seem to arise mainly from the atrophied state of the deltoid muscle, and may be confidently expected to lessen as that muscle becomes more developed under movement of the arm. The head of the humerus has not sunk. It would appear to be retained in its position partly by the outer portion of the capsular ligament which was left, and partly by the deltoid, but mainly, perhaps, by the firm mass of muscular substance which fills up the part formerly occupied by the glenoid process of the scapula, and against which the head of the bone now rests. It can be easily rotated in its new bed without any inconvenience. The patient uses her arm freely in sewing and writing.

CANCER OF THE PENIS; REMOVAL BY THE ECRASEUR, AIDED BY THE KNIFE.

A short time ago we saw Mr. Brodhurst apply the écraseur to the penis of a man fifty-nine years of age, a patient in St. George's Hospital, with cancer of that organ. The disease, which had existed for a long period, was so extensive that it was necessary to remove the whole organ. The instrument was applied around the root of the penis. After its steady employment for five minutes, the chain suddenly broke with a sharp ringing noise. The operation was then completed with a scalpel. The vessels had been compressed to some extent; but it was necessary to apply several ligatures. The wound was left open, and a No. 8 catheter tied into the bladder. A little sloughing followed, but the patient did well, and, after two or three weeks, left the hospital. On examining the penis, we found it to be very hard and enlarged in the situation of the glans. The external appearance was normal; but, on cutting into the glans, it presented the appearance of epithelioma, in parts broken down, and of an encephaloid character. Under the microscope there were largish, irregular-shaped cells with nuclei and nucleoli. We understand that it

is not uncommon for the chain of the écraseur to break during its application.

LOSS OF THE GREATER PART OF THE GLANS PENIS BY SYPHILITIC ULCERATION.

A few weeks since we noticed a case in King's College Hospital under Mr. Partridge's care which well illustrates the importance of careful investigation into the source of supposed urethral discharges. The patient, a young man, came in with a tight phimosis, and a discharge the nature of which was doubtful. His foreskin was slit up, and it was then found that nearly the whole of the glans had been eaten away by ulceration. The discharge, it seemed, had existed for two months. Under mercurial treatment, with plenty of good diet, he made a rapid recovery, and left the hospital a few weeks afterwards with what remained of his penis healed up.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 17TH, 1865.

DR. PEACOCK, PRESIDENT.

AFTER the reading of the minutes, the President opened the session with a short address, in which he referred to Mr. Arnott's eminent services to the Society, and to his recent resignation of membership on leaving London. It was decided to propose Mr. Arnott as an honorary member.

Dr. PEACOCK exhibited a specimen of

MALFORMATION OF THE HEART,

from a boy who had been cyanotic all his life, and died suddenly. The pulmonary artery was much contracted, and the aorta displaced very greatly, arising almost entirely from the right ventricle. The artery was cut very close, so that the state of the ductus arteriosus was not preserved. The septum ventriculorum was very imperfect.

CONGENITAL DISLOCATION OF BOTH HIP-JOINTS.

Mr. SHAW presented a child, aged ten years, in whom this deformity existed. A cast and a photograph were also exhibited. The patient could run nimbly, and walked with an awkward swing, but with the toes well pointed outwards. The trochanters, when the feet were placed on the ground, rose nearly to the level of the crests of the ilia, and were situate very far back. The thighs were shortened apparently in relation to the legs. The spine was somewhat curved forward in the lumbar region. All the motions of the limbs were complete, except abduction. By carrying the hand up the perineum, the acetabulum was felt to be empty—a test on which Mr. Shaw relies also in dislocation from violence.

Mr. SPENCER WELLS showed two specimens of

TUMOURS REMOVED FROM THE GROINS

of female patients beyond the middle of life, as to which several different opinions had been expressed. They had been diagnosed as hernia, malignant tumours, &c. Being perfectly movable, and rather slow in progress, it was found easy to remove them, which was done with success in both cases. They turned out to be fibrous tumours of the round ligament—a disease which Mr. Wells had not found described elsewhere.

Dr. GIBB exhibited

TWO TUMOURS REMOVED FROM THE LARYNX IN A CASE OF APHONIA OF SIX YEARS, FOLLOWED BY IMMEDIATE SPEECH.

The patient was a single lady, aged thirty-eight, who had had a bad throat for six years, the voice being reduced to a croupy whisper. During the first three years she had coughed up pieces of flesh, one of which was an inch long, and the shape of a shrimp. For the greater part of the time she could not lie down at night from supposed cardiac disease with dyspnœa, and her complexion was very florid. On examination with the laryngoscope in April last, a long, fleshy, somewhat bulbous growth was seen to occupy the greater part of the sub-glottic space, springing from the anterior part of the larynx, below the origin of the true vocal cords, and quite immovable. The larynx in other respects was comparatively healthy; but there was much irritability and spasm of its proper muscles. After six weeks' preparation, Dr. Gibb snared a growth in the loop of wire of his laryngeal écraseur, cut its pedicle, and withdrew it, firmly held by a piece of uncut mucous membrane in the retracted loop, in a similar manner to the outer coat of an artery after ligature. He now found a second and longer growth, which had formed the bed of that already removed, and this was snared six days later in a similar manner to the first, the tumour being likewise withdrawn in the retracted wire loop of the écraseur. The voice was immediately restored, for the mechanical obstruction to speech was got rid of. In a few days the little wound cicatrized; no obstruction was visible; the trachea was seen to be quite normal; and the patient left for the north, cured. The composition of the tumours was wholly epithelial cells, and to the naked eye resembled a congeries of small cysts; they were of the size of small beans. The tumours were exhibited with the wires attached to the shreds of mucous membrane, and he (Dr. Gibb) remarked that when the loop of wire was not violently or spasmodically drawn home, the growths invariably were withdrawn with the instrument itself. This case made, he believed, the fifteenth or sixteenth in which he had now successfully abstracted growths from the larynx by means of wire-loops, and this in their entirety, not in fragments. The shape and position of the tumours in the present instance were illustrated by a large diagram.

Dr. BEIGEL exhibited some specimens illustrating the Microscopical and Chemical Structure of the Teeth.

THE CATTLE PLAGUE.

Dr. MURCHISON introduced some preparations and drawings illustrative of the prevalent Cattle Plague. He mentioned that he had dissected twenty-seven animals which had died of this disease, and had found catarrhal inflammation of all the mucous surfaces of the body. He directed his remarks, however, chiefly to the intestines, which were found affected by catarrhal and croupal inflammation, sometimes coated with firmly adherent lymph. The condition of Peyer's patches was the opposite of that of the same glands in typhoid fever in the human subject, the glands being much less distinct than in health, sometimes undiscoverable, showing a remarkable contrast to the usual very prominent state of these glands in the healthy ox or cow. This disappearance of the patch depended on suppuration of the small glands composing it. In contrast with this, Dr. Murchison showed some specimens of typhoid fever in man, indicating the great prominence of these glands and the ulcers afterwards formed. The solitary glands in the diseased cattle were sometimes found enlarged, consisting of a firm cyst containing a cheesy material, very different from the contents of the glands in fever. This same state was often found in the healthy animal. Thus the condition of the intestines bore no resemblance to the typhoid or enteric fever in man. In the fourth stomach croupy and catarrhal inflammation was found, followed by erosions similar to those sometimes detected in man in catarrhal inflammation of the stomach. In the trachea croupy exudation was sometimes found. The blood was always unusually dark, but coagulated tolerably quickly when withdrawn from the body. Ecchymoses often existed under both the mucous and serous membranes. No ulceration was ever discovered in the small intestine.

Dr. CRISP showed some wax models of the same disease, confirming Dr. Murchison's statements as to the condition of Peyer's patches, which he showed to be much diminished in prominence. This he attributed, not to suppuration, but to stoppage of digestion, causing atrophy of the gland from want of use. He had always found ecchymosis under the lining of the heart, and much congestion of the cæcum. The fat under the skin and in other parts often contained air. Dr. Crisp thought the disease bore but slight analogy to typhoid fever, but rather resembled, in symptoms, course, and occasional rapid disappearance, some exanthematous diseases. He believed the specific poison of the disease acted on the blood and nervous system, so that the third stomach was full of dry food, to which the epithelial coat of the stomach adhered; showing in these cases the uselessness of medicines. The malady often caused an eruption on all the mucous surfaces of the body, thus again showing the exanthematous nature of the disease. The initial stage of the disease could not be detected. The meat in the early stage of the disease was not prejudicial as food. This Dr. Crisp had tested by eating it himself. The poison of the cattle plague had, he said, no injurious effect (except a papular eruption) by inoculation on the human subject. He believed that for eradication of this disease the best method would be, to prevent all movements of cattle for six weeks. In no instance had he seen disease of the spleen or liver in cattle-plague.

Dr. SCHULHOF stated that he had studied the rinderpest many years since at Vienna, where no analogy was ever thought to exist between it and typhoid fever.

Dr. CRISP also showed a case of Acute Inflammation of the Epiglottis.

Dr. GREENHOW exhibited a specimen of Lung from the disease called Millstone-maker's Phthisis, with a history of the case and the stethoscopic signs.

Dr. BUCHANAN showed two specimens of the Black Vomit in Yellow Fever from patients who died in the recent outbreak of that disease at Swansea, and described the chemical and microscopical appearances of the matter. He also gave a description of the characteristic symptoms which had attended the fever.

Reviews and Notices of Books.

Parturition and its Difficulties. With Clinical Illustrations and Statistics of 13,783 Deliveries. By JOHN HALL DAVIS, M.D., Obstetric Physician to the Middlesex Hospital, &c. Second Edition. Fcap. 8vo, pp. 354. London: Hardwicke.

THIS is a new edition of a volume published by Dr. Hall Davis in 1858. It is, however, not only considerably enlarged by additions to the text, but is also improved by a number of well-executed woodcuts, which will prove especially valuable to the student.

The volume is divided into three parts. In the first there is given a concise account of the mechanism of parturition under natural and preternatural presentations, together with a description of the treatment required in all those cases where recourse to artificial interference is needed. The second division is devoted to the history of 153 labours, presenting various degrees and kinds of difficulty; the cases forming, as it were, a practical exposition of the views laid down in the preceding section. While the third portion consists of the statistics, with an analysis, of 13,783 deliveries, chiefly attended under the author's direction at the Royal Maternity Charity.

Dr. Davis writes very clearly, and—as a teacher may do—dogmatically. He has evidently had considerable experience, and he shows us that he has quite determined upon the course which should be adopted under all possible emergencies. The remarks upon forceps deliveries seem particularly valuable. He gives a good account of the invention of this instrument, with the various forms of it now employed; the sections on this subject being followed by full remarks on the cases where the use of the forceps is indicated, and the mode of application. The following summary of his observations may be quoted, not only as a specimen of the author's style, but as affording a lesson that the forceps ought not to be used roughly or rashly, nor by any practitioner who is not thoroughly conversant with the direction of the canal of the pelvis and the mechanism of labour. He says—

"1. As some risk is inseparable from the use of the forceps, it behoves us to reflect well on all the data before us ere we resort to their employment.

"2. It being the fact that, under circumstances of *equal skill*, the forceps-operation is more dangerous to the mother than that of craniotomy, the former should never be resorted to for the delivery of dead children.

"3. So long as the head advances with the pains, and recedes on their retirement, the patient is safe from dangerous pressure on her soft tissues. If, on the contrary, the head has been *wedged in the pelvis in one position, under strong parturient action*, for five or six hours, we are bound, as a general rule, for the safety of the lives concerned, to extend our aid.

"4. In some instances, untoward symptoms appearing, it may be necessary to act even within the above time. But, before resorting to the forceps, we must be sure that there is space for their safe application. Should that not be the case, the only security to the mother will be found in delivery by craniotomy.

"5. Where much febrile disturbance exists, with extreme dryness and morbid heat of the genital passage, and the forceps yet hold out a chance of a happy issue, it will be necessary first to prepare the patient by remedies adapted to remove those conditions.

"6. The introduction of the forceps must be undertaken only with a perfect knowledge of the form and direction of the pelvic canal, and of the mechanism of the second stage of a natural labour, under the different positions of the child's head.

"7. For the safety of the mother and her child, our traction must cease, and the lock be loosened, between the pains. Moreover, the degree of extractive power which we exert must not be so great, nor its continuance of so long duration, as to endanger the integrity of the mother's parts. If, therefore, after well-directed efforts, no advance is made, the blades must be removed, and other means of delivery had recourse to.

"8. Operations with the *long forceps*, or those performed at the pelvic brim, are, by general experience, admitted to be far more dangerous than those performed in the cavity of the pelvis. They should not, therefore, be attempted unless in very favourable circumstances.

"9. As the integrity of the perineum should be an object of care, we must, where adequate pains exist, where the outlet of the pelvis is not contracted, and no urgent complication is present, remove the blades so soon as the head presses fully on the soft outlet, leaving the final expulsion of the child to nature."

Dr. Hall Davis's volume contains so much valuable information that we are sorry to find any fault with it. But it can only be regarded as a matter for regret that he should have changed the title of his work. The first edition appeared as "Illustrations of Difficult Parturition," a title which seems to us in every way appropriate. A third edition is certain to be required; and we trust the author will have the good taste to issue the volume under the heading which he first gave to it.

Contributions to Dermatology. No. III.: "On Psoriasis and Lepra." By T. M'CALL ANDERSON, M.D., Physician to the Dispensary for Skin Diseases, Glasgow, &c. pp. 65. London: Churchill and Sons.

Photographs, Coloured from Life, of the Diseases of the Skin. By ALEX. BALMANNO SQUIRE, Surgeon to the West London Dispensary for Diseases of the Skin, &c. Nos. IX. to XII. London: Churchill and Sons.

DR. ANDERSON of Glasgow is already well known to our readers by his previous memoirs on "Eczema" and the "Parasitic Affections of the Cutaneous Surface." The favourable reception these obtained has induced their author to continue his labours, and hence the appearance of this further "contribution." On the subject of Psoriasis and Lepra we did not think there was room for novelty of literary treatment, and consequently were not surprised to find very little that arrested our attention here. Skin pathology is now fashionable—is in the ascendant; and everyone who cultivates the specialty feels it necessary to "make himself known" by writing about it. We have this tendency carried to such a pitch that works on Diseases of the Skin are becoming too frequent, and mere *rechauffés* of each other, or rather of one or two well-known European treatises. We could name some, too, which clearly proceed from sources of the most limited knowledge and experience. It would appear as if their authors *wrote to learn* rather than *learned to write*. This may be all very well for them, but it is no joke for us. A writer like Dr. Anderson, however, having gone through a wide field of experience, may claim a right to be heard. His monograph is divided into six chapters. The first is on the Symptoms and Varieties of Psoriasis; the second, on the Causes of Psoriasis; the third, on the Differential Diagnosis of Psoriasis from eczema, pityriasis, herpes, &c.; the fourth treats of the Prognosis of the disease; the fifth chapter includes the Constitutional Treatment, and the sixth the Local Treatment of the malady. We cannot agree in the opinion broached, that "lepra is merely one of the declining stages of psoriasis," though we accord with those who maintain that the two affections run into each other. Dr. Anderson describes a variety of the malady first observed by him many years ago,

and which he has never seen described. He entitles it "Psoriasis rupioides," and illustrates it by a plate.

"In it the accumulation of epidermis takes place to an unusual extent, so that on many of the patches it assumes the shape of large conical crusts, marked by concentric rings—in fact, they exactly resemble in shape limpet-shells. Except in the shape of the crusts, however, there is no connexion whatever with rupia; and on removing a crust, there is no ulceration beneath, but a slightly elevated, dusky-red, rounded surface is exposed to view, which sometimes bleeds a very little."—p. 4.

According to the author's belief, the tincture of cantharides, decoction of dulcamara, balsam of copaiba, oil of turpentine, tar-water, and tar-pills are, though much used in the treatment of psoriasis, "useless." The agents he has found of service are arsenic, cod-liver oil, and alkalies. When properly used, local treatment is of much value, and if the eruption be extensive "there is no class of remedies so generally useful as preparations of tar."

We had not heard of Mr. Squire's progress for some time, and hence became rather anxious about the completion of a work he had so favourably inaugurated, and with which he had made so many good steps onward. But he is again at our elbow, and with four numbers, which complete the series originally intended. The plates before us illustrate "Maculæ," "Exanthemata," "Vesiculæ," and "Bullæ." When we first brought these representations of diseases of the skin before the notice of the profession, we declared such as we had seen were of the most successful character—were, in fact, to use a common expression, "life itself," and that disease had never found a more truthful representer than it had in Mr. Squire. With these the concluding photographs upon our table, we can only say that if we knew how to give greater praise than that which we awarded to their predecessors, we would willingly bestow it; for these representations of nævus, erythema tuberculatum, chronic eczema, and chronic pemphigus are truly exquisite. We have only one word of regret to which to give utterance: it is that the author should not have felt disposed to augment the series.

LIEBIG'S EXTRACT OF MEAT.

To the Editor of THE LANCET.

SIR,—If the communication by Baron Liebig, inserted in the last number of your journal, had been written in answer to the letter of a lady correspondent, it would not have been surprising that he should have selected the postscript; but in passing over the whole of the contents of my letter, and making this selection in my case, he has undoubtedly chosen for his comments the least important particular in my letter of the 8th of July last, and one which has no immediate relation to the subject therein more especially treated of. In that communication I discussed the question of the nutritive value of his extract of meat, of beef-tea, and wine. To this question Liebig does not refer, but he requests me to make known the name of the individual of whom the samples, denominated Liebig's Extract of Meat, and containing a large admixture of salt, were procured. These specimens possessed an extremely salt taste, so much so as to be the subject of a complaint on the part of a patient to whom the extract was prescribed. The parties of whom these samples were obtained, I have every reason to believe, supplied them in good faith, and I feel persuaded that they had not tampered with them in any way. There are several persons acquainted with the particulars relating to these samples, and who can vouch for the accuracy of the statement just made; I do not, however, feel justified in giving the names of the vendors—first, because the parties themselves are free from blame; and second, I do not desire to be involved in any further controversy or responsibility in a matter entirely foreign to the purpose for which my inquiries were undertaken. Liebig states in his letter, that the weight of the ash furnishes a clue to the amount of salt contained therein, and that "unadulterated Extractum Carnis leaves 21·6 to 22 per cent. of ash." I may here mention that a sample of the extract obtained so recently as Friday last from Mr. Hooper, of excellent quality and undoubted purity, furnished only 16·40 grains per cent. of ash. This result shows that the weight of the ash is by no means constant, and that the extract may be, and sometimes is, made in such a manner as to yield a much smaller quantity of ash than the samples specially referred to by Liebig.

I have now to notice the statement, that the substance examined by me "could certainly not have been South American Extractum Carnis." The sample originally tested by me was a portion of the earlier importation of Extractum Carnis, and was obtained from a highly respectable dealer, Mr. Van Abbott. It agreed in its colour and physical characters with other specimens of the extract which I have met with, as also in its composition. It contained nearly the same amount of water, of ash, and above all, of nitrogenous material—namely, 54·3 grains per cent.—that Liebig himself states are present in his extract; and it was, like it, almost free from albumen, fat, and gelatine. A second example, subsequently analyzed, agreed in its general characters and in the results of its examination with the first sample. It furnished, being the mean of two analyses, and owing to the small amount of incombustible matter present, 9·06 grains of nitrogen, equal to 58·4 grains of albuminoid matter per cent. The above particulars are amply sufficient to prove that the article originally examined by me was really a genuine example of Liebig's Extractum Carnis.

In giving the partial composition of the ash, I perceive, on reperusal of my first letter, that owing to some oversight the amount of phosphoric acid was much understated. This, however, is a point of but little consequence, and makes not an iota of difference in the deductions made by me as to the nutritive value of Liebig's Extractum, and which were founded upon the only possible basis—*the amount of nitrogen contained in it.* If Liebig doubts the accuracy of the nitrogen determinations—although I must say there is not the smallest room for doubt, and this more especially as the quantities found by himself so nearly correspond with those given by me,—I am quite willing that the second sample referred to should be placed in other hands for analysis.

I may now remark that Baron Liebig's letter leaves the question of the nutritive value of his Extractum Carnis just as it was. *It adds nothing to the subject, nor does it detract from anything I have advanced;* and it is in the correct reply to that question that the public and the medical profession are mainly interested. It is not simply a matter of a grain or two more or less of salt in the different samples vended, but one of far higher importance. It is almost needless, in conclusion, to reiterate that the purpose of my original communication, so far as it related to Liebig's Extract, was to prove that one pound of that Extract did not represent, according to the statements so pertinaciously put forward, thirty-two pounds of lean fresh beef, or anything approaching that amount.

I remain, Sir, your obedient servant,

ARTHUR HILL HASSALL, M.D. Lond.,
Senior Physician to the Royal Free Hospital.

Wimpole-street, Oct. 23rd, 1865.

DEATH OF PROFESSOR MALGAIGNE.—This eminent surgeon died a few days since, at Paris, of cerebral apoplexy. This was the third attack, and for the last six months he had been unable to attend to any of his duties. It will be recollected that M. Malgaigne was first seized about nine months ago, when presiding over the Academy of Medicine of Paris, of which, for many years, he had been one of the most eloquent members. The deceased was of humble origin, and had reached the highest position by his natural gifts and indomitable industry. His edition of Ambrose Paré, his Operative Surgery, and his treatise on Fractures and Luxations, are known to surgeons of all countries. Prof. Malgaigne was accompanied to the grave by deputations of the medical institutions of which he was a member; and talented as well as touching discourses were delivered on the occasion. Among these we should single out M. Velpeau's, which is a model of oratory.

A TESTIMONIAL TO A MEDICAL PRACTITIONER.—At the railway-station, Stamford, on the 25th inst., Mr. Walter D. Eddowes (on his return from the sea-side, where he had been residing on account of ill-health) was presented by his patients with an elegant little "brougham," as a token of the affection and esteem with which he was regarded by them.

THE LANCET.

LONDON: SATURDAY, OCTOBER 28, 1865.

THERE seems a probability that the views we have set forth lately as to the cholera will be acted upon. We have been trying to demonstrate—what, indeed, might have been thought to require little demonstration—that the occurrence of cholera of the Asiatic type is a national affair; that it is one of those plagues the genesis and course of which are to be ascertained only by the State putting into use all its science, its great wealth, and diplomatic machinery. The remoteness of the place of origin, the scale of prevalence of the disease, and the panic which seizes communities before it arrives, all put it more or less out of the power of the men who do the busy medical work of the world to observe it with such method and in such detail as to formulate proofs of its great laws of progress that shall satisfy public authorities whose knowledge and whose interest in medical matters are generally small. But there are signs now that cholera is going to be respected, and made not only a national, but an international question. If this be done in real earnest, and questions of religious superstition do not interfere with the perception and application of truth by the nations of the East, we may hope that the beginning of the end of cholera has come. The credit of making an international question of this subject is due to the French Government. We will not be ungracious enough to wish that it had originated with our own. It might well have done so, as cholera is so peculiarly an English question—we mean rather than a French one. In 1832 MAGENDIE came from Paris to the North of England to make his first acquaintance with cholera. On this occasion, however, cholera has taken an unusual route, and our French neighbours are the first to suffer by it. In one respect we are glad that it is so. There is more chance of State action being taken in France than here upon a matter like this. There is faith in government across the Channel, and "one still strong man" is in possession of the reins. Accordingly cholera is already a great public question. M. VELPEAU has been called out at the French Academy by M. LE VERRIER to speak on the subject, and if he has spoken simply, he has not the less spoken well. In the French Academy, in answer to M. LE VERRIER, who, with the true taste of an astronomer, "wanted positive indications instead of a negative discussion" on what was to be done for cholera, M. VELPEAU could only say very little, and he said the best thing that in these circumstances he could have said. He asserted, as we did last week, the manageable nature of the first symptoms in the following terms:—

"In a word the malady almost always commences by characteristic symptoms, such as premonitory diarrhœa. The means of arresting the malady at its outset are very simple. My advice is this: Pour from three to four drops of laudanum on a lump of sugar and swallow it. Repeat it in two hours and so on until colic and vomiting pass away. Take also very small injections of starch, poppy flowers, and six, seven, or eight drops of laudanum. This treatment will almost always suffice to stop the diarrhœa and guarantee against the malady."

The profession generally would agree with M. VELPEAU on the important point that there is in most cases a manageable and curable preliminary stage of diarrhœa, and that the remedy he suggests in a great number of instances would be quite efficient. We may add, however, what in more leisurely circumstances M. VELPEAU would doubtless have added, that the proper thing to do with any complaint of a diarrhœal nature in a cholera season is for the patient to put himself without loss of time under medical treatment. If anyone misunderstands this advice on our part they must be left to misunderstand it. The public generally will not do so. It is no argument against the practicability of this advice that many people are poor. The importance of this preliminary stage of diarrhœa is such that in every village and parish during a cholera epidemic such arrangements should be made by the public authorities that every case of diarrhœa can receive treatment immediately, night or day.

But the most important result in France of the visitation of cholera is the suggestion of the French Government that an International Congress should be held to take into consideration the origin of the recent epidemic. The following is a part of the circular which M. DROUYN DE LHUYS has addressed to the diplomatic agents of France abroad:—

"In order to prevent the spread of cholera, the Government of the Emperor has deemed it a matter of urgent necessity to establish a preliminary understanding with foreign powers, and to propose a Conference at which delegates from the different States would consult with scientific men considered most capable of throwing light on the deliberations.

"The object of the Conference would be to discover the first causes of the cholera, to ascertain the principal places in which it originates, and to study the characteristics of its progress. It would further propose practical measures for confining and suppressing the cholera upon its first appearance.

"It must be well understood from the commencement that the Conference, while preserving the greatest liberty of opinion, would neither be entitled to interfere in the internal administration of any country, nor to take the initiative in any proposals of a nature to obstruct the free exercise of territorial sovereignty. The measures of which the Conference would advocate the adoption could only be put into practice in each country by the independent authorization of its Government."

M. DROUYN DE LHUYS, in conclusion, draws attention to the successive improvements which have taken place in Turkey in the administration of the Department of Public Health, and adds that this consideration naturally points to Constantinople as the proper seat of the Conference.

Our Government would seem to have done the next best thing to proposing this course—namely, to have promptly concurred in it. We have only to hope that no care or money will be spared in making the most searching examination into the facts of the origin of the recent epidemic: whether that occurred at Mecca, or, as is more probable, in India, being thence carried to Mecca, as stated by Dr. TILBURY FOX in his letter to THE LANCET of Sept. 2nd. It may be urged against this Conference that the exigencies of the commerce of Europe, and especially of this country, will brook no efficient application of quarantine, even if investigation should prove clearly its origin in definite spots and its gradual spread from them throughout a great part of Europe. Dr. GRAVES, who was one of the ablest writers in proof of the contagiousness of cholera, was of opinion that the enforcement of such a quarantine in Europe as would check the spread of cholera would

entail greater calamities than it would avert. This may be true after the disease has been allowed to get into all the principal ports of Europe; but the French Government evidently has the idea, and reasonably, that if the disease be detected in the very first places where it is wont to arise, and from which it is imported to Mecca and other places where pilgrims gather in numbers altogether disproportionate to the accommodation of the place and under most unhealthy conditions, its further advance may be checked by a very limited quarantine. But even if quarantine had to be imposed on a greater number of places, and those of importance, is it quite certain that this would not be a less evil than that of allowing the disease to have free course? Has the inconvenience of allowing the disease an entrance been sufficiently considered? Not to dwell on the great mortality from cholera, which in the United Kingdom is computed to have caused a quarter of a million of deaths, is it nothing that a third or two-thirds of the population of places should leave? To take two or three instances at random, chiefly from our own columns. Palma, capital of Majorca, population 42,000: In nine or ten days from the occurrence of the first cases, two-thirds of the population had fled from the place. "Business is well-nigh at an end, and the markets are but scantily supplied. As a consequence, the poorer classes are suffering much privation." Barcelona: The panic described as disgraceful. "The number of inhabitants who have left the city is computed at more than 40,000. From the interruption to business and large cessation of labour there is much suffering amongst the working classes." "Madrid, Oct. 19th: The number of inhabitants who have left Madrid on account of the cholera is 80,000." Admitting, then, the inconvenience of quarantine, we must compare it with the inconvenience of cholera, and choose the least. We are inclined to believe that this would be quarantine if it could be imposed at a point sufficiently near to the origin of the disease. But we shall anxiously await the conclusions of the Conference, which is to investigate and deliberate upon points of the utmost moment to the health and happiness of the nations.

MR. J. A. BLAKE, M.P., has contributed to the recent proceedings of the Social Science Congress a paper of great practical importance in reference to the treatment of insanity as pursued in our public institutions. The honourable member's suggestions are deserving of the serious attention of those interested in the mental and moral condition of the insane, and the curative efforts of medicine in their behalf. They are especially valuable as coming from one who is known to have devoted much time and attention to the subject; to have personally rendered himself familiar with the working of the majority of our English and Irish lunatic asylums; and to have done good service to those confined therein by the dispassionate and practical spirit in which he has advocated requisite reforms. Sir ROBERT PEEL, the present Secretary for Ireland, has acknowledged the great utility of Mr. BLAKE'S researches and suggestions, which, in the regulation of Irish institutions, have in many instances been acted on with the most satisfactory results. Encouraged by the success which has hitherto attended his efforts, Mr. BLAKE has specially directed his attention to the present system adopted in our English establishments for the treatment of the mentally afflicted; and contrasting their operations with those of foreign asylums, as well as the statistics of home asylums one with another, he arrives at the conclusion that at present such an amount of difference in system, expense, and cure exists as imperatively calls for generalization, so far as such is practicable in directing the operations of our inexact science. For this purpose Mr. BLAKE advocates the appointment of a Royal Commission to inquire into the management of the various lunatic asylums in the United Kingdom. The question of lunacy—its prevention, treatment, and cure—is one of daily increasing national importance. Without inquiring into the cause, it may be accepted as a fact that the number of lunatics has within recent years increased in undue proportion to the number of the population. At present there are in the United Kingdom nearly 50,000 inmates of either public or private lunatic asylums. In Scotland, the number given by the returns of the year 1861, as contrasted with the Census, showed a proportion of 1 in 344. In England and Wales, from similar returns, there was set down 1 to 512. Coincident tables from Ireland place the ratio as one lunatic or idiot to 667 of the population. In the mortality, cure, and expense of treatment, as followed in the three kingdoms, similar disparities have been shown to exist. The question hence arises, whether such differences are fairly attributable to the want of a recognised and preordered basis of operation, the departure from which should be exceptional; or whether local influences—causes beyond medical control—and individual circumstances do not afford adequate explanation both of the greater frequency of the disease and the diversity which is evidenced in the success and expense of its treatment. Undoubtedly this opens out a large field of inquiry, one branch of which is as interesting to the moralist and statesman as to the physician, inasmuch as it involves an analysis of social relations and local habits which predispose to, if they do not occasion, this sad form of disease. To the more immediately practical details, which are reducible to exact propositions, Mr. BLAKE directs attention. He asks, Why should returns from asylums differ so essentially in items of expense, regulation, duration of disease, recovery, and death; and differ beyond that margin fairly allowable for the accident of position or the incidents of chance? Conceding the fact "that since the year 1792 all public asylums have made steady progress in the direction of a more enlightened and successful principle of treatment, and feeling convinced that the moral treatment of the insane by kindness, occupation, and amusement, is now firmly established," Mr. BLAKE asks, "Why is the principle now carried so much further in some institutions than in others?" Though such questions may fairly be put, the answer to many might be, The character of the disease in some asylums does not admit of continuous industrial pursuits. The same cause, while diminishing returns from labour, necessitates a closer attendance on the inmates, and so occasions a larger staff, and consequently increased expense. To test these propositions is Mr. BLAKE'S desire. He asks, "Would it not be possible to lay down some general code of rules and regulations for the guidance of all public and private asylums in the United Kingdom, and thus afford to their inmates the fullest advantages, limited only by local circumstances, of liberty, occupation, and amusement?" No doubt facts and figures are formidable arguments when they reply to theories. That differences of the nature Mr. BLAKE alludes to exist there is abundant proof, but that such differ-

ences are of necessity indicative of defective management or improper treatment by no means follows. The lunatic asylums in England especially are under active and efficient supervision; they are immediately directed by medical men of special experience; are, with rare exceptions, supervised by governing committees, and frequently visited by local magistrates, who rightly deem it part of their public duty to see that the inmates are, in their judgment, adequately cared for. In addition to these, Lunacy Commissioners are at all times empowered to become "visitors." So far as it is possible, errors in practice are under control, even though errors in principle, such as Mr. BLAKE indicates, may exist. We quote his observations on this point:—

"In visiting public asylums at home and abroad, I have often been struck by the different principles which appeared to guide the governing powers of almost neighbouring institutions. Thus, in England, the asylums of Leicester and York have absolutely no boundary walls—nothing beyond a quick-set hedge; while other English county asylums are protected by the old conventional prison-like walls; and I may add that the official returns of these respective institutions show that the attempts at escape are less frequent in the unwalled than in the walled asylums; and, what in a fiscal point of view is of greater importance, the number of attendants required is less. At Gheel, in Belgium, the lunatics are confined by no boundary limit whatever; there is no wall, no hedge, no line of demarcation between the mentally afflicted patient and the healthy colony in which he finds a refuge and a home. ..... At Turin, I saw at the Manicomio Regio restraint imposed in many objectionable forms; patients, for instance, bound and strapped to their beds. Only sixty miles off, in the Manicomio at Genoa, almost all restraint was discarded, and the sleeping-rooms of the patients were not even isolated by a door—a curtain alone extended across the opening. The same disparity in the line of practice pursued prevails amongst the asylums of the United Kingdom (perhaps I ought not to include Scotland, as I have not personally visited the Scotch asylums)."

Though we cannot be held responsible for the shortcomings of foreign practitioners, yet this latter observation in reference to the condition of English institutions is important. We venture to affirm that the instances are rare and most exceptional where restraint of the character described is permitted. True it is that solitary examples now and then arise in which subordinate officials have exceeded the bounds of their duty, and abused the confidence reposed in their discretion. It is very seldom, however, that any gross violation of the generally well-established principle of moral treatment occurs. The doctrines of PINEL and the teaching of TUKE have been confirmed by each year's experience; and therefore it may be stated that the medical superintendent who would sanction undue, indeed any personal violence in the treatment of his patients, would soon be pronounced unfit for his trust. Mr. BLAKE does not base his proposition on the different views of medical practitioners as to whether a modified form of restraint or perfect restraint may or may not be advisable. He treats the question as one of principle developing itself under the important heads of cure and expense, the records of which in asylums, he affirms, are not uniformly proportionate to the number of their inmates, and he therefore suggests the introduction of practical general rules which may lead to their closer assimilation, and the universal adoption of some defined principle of action which may tend to a more general uniformity of result as regards the present and future condition of those whose number and the character of whose suffering specially entitle them to legislative care. No doubt great benefit would result from a well-digested analysis of the conditions respecting number, character of derangement, methods of treatment, industrial occupation, and expense, of our several asylums. It may be that a Commission of limited numbers, who would personally visit each, might, by inspection, be the better enabled to arrive at a general conclusion. Mr. BLAKE believes such a Commission to be imperatively called for, and intimates his intention of bringing the matter under the consideration of Parliament. Whether he succeed in his purpose or not, he has placed society under a deep obligation by his philanthropic and well-directed efforts in behalf of those whose affliction precludes them from making any exertions towards their own amelioration.

MR. GRIFFIN is again in the field. His address to the Poor-law medical officers (at page 494) demands their earnest consideration. He places before the reader, in a clear and concise manner, the anomalous and most unsatisfactory position of the union surgeons throughout the kingdom. It is impossible to conceive a state of things more urgently demanding the interference of the Legislature. It is a disgrace to the Government and a reflection upon our brethren that they have allowed such injustice to be perpetrated against the poor and against themselves. Had Mr. GRIFFIN been supported, as he ought to have been, by those more immediately interested, "the system" would ere this have been reformed. It is true that a small section of them have acted with spirit and liberality, but the majority have held back in what must be regarded as a discreditable manner.

Should the agitation for reform be again commenced with the view of influencing the House of Commons in the forthcoming session? This is the question which Mr. GRIFFIN puts, in his usual decided manner. We have no hesitation in stating our belief that the opportunity should not be neglected; and, further, that Mr. GRIFFIN should be general-in-chief of the movement. His intimate acquaintance with the subject, his indefatigable industry, his indomitable courage, all point to him as the proper leader on such an important occasion. We have no desire to underrate the value of the services which a committee of the British Medical Association may render to the cause; but the subject has been thoroughly investigated, and is completely understood. The delay, therefore, which would necessarily arise in waiting for the report of such a committee might postpone action to a period when it would be less effective. Mr. GRIFFIN states rightly that the present is an opportune time to renew the combat. A new Parliament and a new Ministry may be inclined to take a more favourable view of the interests of the poor and of the union surgeons than have their predecessors. It cannot be doubted that the startling and painful revelations of our Commissioners have aroused in the public mind a strong feeling as to the necessity of reform. *The Times* and other journals, by referring to these reports, have rendered great service to the cause of the poor and of the profession.

Though success has not yet followed the exertions of Mr. GRIFFIN to the extent that is desired and proved to be necessary, his letter conclusively shows that the thin end of the wedge has been driven into the monstrous grievance. All

exertions which have in view the reform of great abuses—abuses sanctioned and protected by a large class of interested persons—naturally for a time fail in their object. But this should not dishearten those who make them. Success must be eventually obtained if these efforts are carried on with perseverance and energy. We cordially endorse what may be called the battle-cry of Mr. GRIFFIN: "Once more into the breach, dear friends—once more." With such a leader, properly supported, success is certain.

Medical Annotations.

"Ne quid nimis."

THE BATTLE OF REGISTRATION.

THE registration of students in medicine is now completed. It has been carried on this year under circumstances of unusual annoyance and difficulty. It was hoped that when the regulation of the General Medical Council came into force, requiring all medical students to make good their claims to registration at the offices of the respective Branch Councils in each kingdom, this would effect an important reform. The avowed purpose was to substitute this registration by a central body—the one body particularly pointed out by its parliamentary constitution for the purpose—for the individual registrations of the separate corporations. Thus many advantages would be secured. The carrying out of the general rules as to preliminary education and periods of professional study, adopted after so much debate and such mature consideration by the Council representing all the licensing bodies, would be determined by that body; a uniform principle would be adopted; an authentic list of all students entering the profession could be annually prepared; and the licensing bodies would be restrained in the arbitrary enforcement or licentious relaxation of those rules to suit their corporate exigencies or individual opinions. Moreover, the student would have had one master to satisfy instead of three, and would not be driven from pillar to post in the first and most trying week of his pupilage, to go through in three separate places a formal proceeding which, according to the plainest rules of common sense, can only be needed in one. But, whatever was intended, nothing of all this has been accomplished. Were the College of Surgeons and the Apothecaries' Company of London governed by a board of spiteful old women, rather than by the serious, grave, and reverend signors who compose their councils, more petty and purposeless opposition could not have been planned, or the good effect of the reasonable measures of the Council more gratuitously neutralized. The students have been persecuted by being required to register the same series of facts in three separate localities—Soho-square, the College of Surgeons, and the Apothecaries' Hall. Thus there are now three registers of medical students in London—no two of which, we will venture to say, correspond. The students have been worried out of their lives, for the sake of pleasing the corporations and spoiling the register. The absurdity is really too flagrant, and the annoyance too great to be repeated; and, before next year, we claim, in the name of both students and teachers, that some plan of consolidating the registration be adopted.

We are very glad to learn that the Branch Medical Council of England have, at their last meeting, acted with kind consideration in dealing with applications from students claiming exemption from passing an examination in arts, on the ground that they had commenced their professional studies before the present regulations respecting the registration of medical students came into force. And we feel bound also to qualify the protest against the excessive and unwarrantable annoyance of compelling students to register one series of facts in three places, by remarking that the officials of the various corporations do all in their power to mitigate the inconvenience by their considerate courtesy, and many students have to thank them for friendly help and advice in wandering through the maze of official forms. The College of Physicians, by its wise allegiance to the Medical Council, and in abstaining from teasing the unhappy student by demanding a fourth personal registration, has earned golden opinions, and deserves the gratitude of the profession for its excellent example.

Under all the circumstances, the total number of students entering can only be approximately estimated, when it might by much less trouble have been positively known. We believe that about a score more have entered this year than last. The general standard of education is undoubtedly improved; and a socially higher class of students are entering, speaking collectively. However, the rush to the examination of the corporate body whose "preliminary" is justly reputed to be the lightest, and the large number of rejections which occurred even at that examination, and the yet larger number of men who got through by the skin of their teeth, show that we are not yet likely to become a profession of *literati* and philosophers, nor to attain that pitch of refinement which is dreaded in some quarters.

CHLOROFORM AMONGST THIEVES.

THE thieves have, it seems, "interrogated nature" with somewhat greater success than has attended the efforts of our best chemists. We have been reproached lately with regarding medicine too much as the property of a clique; with resenting intrusion on our "arcana;" with being indisposed to take lessons from the uninitiated, and other like faults, of which we are entirely unconscious, and should very gladly hail the demonstration of any one definite ground upon which such charges could be substantiated. At any rate we have no secrets about chloroform: we have told the world all we know about it, and should be gratified indeed to possess one of its secrets which is declared by the public journals to be known only to the thieves. The common highwayman is an object of our scientific envy; and we should like to interrogate him by any means of physical or moral investigation which would be calculated to elicit for the benefit of mankind the marvellous secret which he is said to practise for their discomfiture and abuse. The political journals very sagely and solemnly hesitated to pronounce an opinion on the difficult question whether it might be possible, by the aid of photographic science, to obtain from the eye of a corpse a visible image of the person (say of a murderer) last impressed upon it. No doubt moonbeams extracted from cucumbers were the actual rays employed. Those journals seem, however, to have no doubt about the fact that a highwayman can, by shaking a handkerchief impregnated with chloroform under the nose of his victim, produce instantaneous insensibility. It is within the experience of medical men that anæsthesia by chloroform is not very quickly or very easily effected upon a non-consenting person, and that with the utmost resignation and good-will some five minutes or more are requisite to produce anæsthesia. This was recently pointed out by Dr. Sansom in a case where an outrage was alleged to have been committed after rendering a man instantly insensible by waving a handkerchief impregnated with chloroform under his nose. He has, however, been taken to task, as is the fashion, for dogmatism. It is true that it has been proved that the individual in question was utterly drunk; nevertheless the evidence of this intoxicated witness to marvels is more acceptable than the statement of an experienced and well-informed physician, by whom the administration of anæsthetics has been well studied. We will not imitate this criminal dogmatism, but

we will ask Messieurs les Gobemouches—who understand so much better than we do the principles of physical science and their right application to medical investigations—to pursue this interesting subject in our behalf and in that of their suffering kind. We can promise to the scientific thief a far more ample pecuniary reward from the honest application of his knowledge than pocket-picking or highway robbery is likely to afford, howsoever successfully pursued; and we can assure a permanent scientific reputation to his patrons and believers in the public press if they will worm out this hidden secret.

EXAMINERS EXAMINED.

THE English Branch Council has followed the example of the other Branch Councils. It is always more prone to follow examples than to set them, and has practically acted upon the resolution of the last general meeting of the Medical Council as to visitation of examinations by appointing visitors to the English licensing bodies. The resolution adopted is, that the President and Dr. Alderson be deputed to visit the examinations held by the University of London; that Dr. Sharpey, Mr. Cooper, and Dr. Parkes be deputed to visit the examinations held by the Royal College of Surgeons of England; that Dr. Parkes, Dr. Quain, and Mr. Rumsey be deputed to visit the examinations held by the Society of Apothecaries of London; that Dr. Paget and Dr. Quain be deputed to visit the examinations held by the University of Oxford; that Dr. Acland and Dr. Embleton be deputed to visit the examinations held by the University of Cambridge; and that Dr. Storrar and Mr. Cæsar Hawkins be deputed to visit the examinations held by the Royal College of Physicians of London. No examinations will be held for the University of Durham before June, 1866, and therefore no visitors have been appointed.

These visitations may be accepted as a first step towards a very useful measure, and will do good; but we cannot regard them as a final or entirely satisfactory measure. They are open to a serious objection, which we stated at the time that the Council passed the resolution upon which they are based. They are to be carried on without any definite plan, and in a dilettanti fashion, which will rob them of their value. To be effectual, such visits should be made on a definite scheme, and with defined objects; the reports should be comparable, and the same series of facts systematically investigated in each. We do not therefore, we may confess, anticipate much from this first attempt at visitation; but yet regard it with favour as preparing the way for a more complete and systematic inspection, and still more as a visible introduction of the Medical Council by its agents corporeally into the precincts of those examining bodies who still keep up a mutinous resistance to the general rules agreed in common Council, and injure the profession by showing a very silly and offensive spirit of opposition to arrangements in which it is desirable for the good of the profession that a general acquiescence should be given.

ATHLETES AT SCHOOL.

THE tendency to multiply lectures, which some medical teachers deplore, may be very usefully compensated by the encouragement and multiplication of athletic exercises in our medical schools. The hours spent in sitting on the benches will be likely to be the more profitable to the mind in the proportion that the body is brought nearer to the perfection of health and strength. The atmosphere of the dissecting-room is not the best medium which the student can breathe, and the emanations of the sick-ward have their own dangers. These the student must encounter; it is part of his duty. He must bend for long hours over his books, and must consume the evening oil or gas. If he find relaxation from these depressing labours in dissipation, he will but sharpen the edge of the physical danger to which his studies expose him. We earnestly counsel avoidance of all forms of dissipation, and a resort to healthy active exertion in the open air.

We heard with pleasure this week of the successful prize meeting of the St. Bartholomew's Athletic Society. It is a good way of opening a session, after the inaugural lecture of the medical session has been delivered and heard with due attention. We also hear with pleasure of the achievements of the University College Athletic Club; and we should be glad to know that every school had its club, and that every student took his share in these physical sports. The physiological study of gymnastics has hardly occupied the attention of our profession so generally as it might have done; and a good deal of harm occurs from the prevalence of erroneous opinions as to the value of particular forms of exercise, and the impunity with which they may be cultivated. We know very few acceptable manuals on the subject. Mr. Maclaren has done very good service in the matter, and his instructions are usually excellent; but we incline to believe that his exercises are too violent for the many. A capital little book, published by Tegg, has fallen into our hands this week, which gives an excellent view of the sports of youth, and good physiological explanations of many of them.* We can highly recommend it for use in schools; but it is rather suited to boys than to young men. We should like to see a general union of the athletic clubs of the various hospitals, and a better handbook to the practice of these sports than any of which we are aware as having been yet published.

MEDICAL HEROES.

NEW ZEALAND has, not for the first time, given one of our brethren serving in the army an opportunity of showing that the medical officer has to face as much danger in the field, and that he will do it with as much pluck, as any of his "combatant" companions. We extract the following passage from Major Holmes's despatch in the *Gazette* of October 20th:—

"I have the honour to bring to the notice of the Colonel commanding the very zealous and efficient services rendered by Assistant-Surgeon Grant, 43rd Light Infantry, who was exposed, as I am informed, to a very heavy fire, under which he directed Captain Close's body to be carried under cover."

In the same *Gazette* we are glad to note the following recognition of merit, and the well-earned promotion of a distinguished officer:—

"Assistant-Surgeon William George Nicholas Manley, from the Royal Artillery, to be Staff Surgeon, for distinguished and meritorious services rendered to the sick and wounded in the field during the recent operations in New Zealand."

Mr. Manley has already received the Victoria Cross, the insignia of valour, for the services here recorded, and is therefore entitled to the letters V.C. after his name in all official documents; and their omission in the *Gazette* ought not to be overlooked. We observe that a bugler who remained by the body of Captain Close has been recommended for the Victoria Cross; and we trust that the claims of Assistant-Surgeon Grant may enable us at no distant date to record the addition of another laurel to the Medical Department of the Army.

But heroism may be shown in suffering as well as in action; and the medical officer who whilst in his last illness still performs the duties of his charge deserves recognition as much as he who endangers his life by succouring the wounded and dying on the field of battle. The following brief record, which we extract from the *Army and Navy Gazette*, tells its touching tale in plain unvarnished terms which require no comment from us:—

"23rd, 1st Battalion. Assistant-Surgeon Robert William Lawless died on August 18th, of intermittent fever, at the Sanitarium, Parasnauth, Bengal, while in sole medical charge of the station. He entered the army Sept. 30th, 1863; and was aged twenty-three."

* The Boy's Holiday Book. London: Wm. Tegg. 1865.

TOO LATE TO MEND.

THAT distinguished visitor, the new edition of the Pharmacopœia, may be expected to arrive nearly in time next year; its punctuality, if not royal, will be medical, which in the matter of punctuality is saying almost as much. Arrangements have been made with Messrs. Spottiswoode for printing 10,000 copies of the new edition, which will be in a neat octavo form, according to a specimen approved by the Committee. It is now in the press. Meantime we learn that Dr. Farre has resigned his appointment to watch and report upon the progress of pharmacy, and the appointment of a successor has been "postponed." We would express the hope that the proof-sheets of this new edition will not be nursed in secret, after the absurd fashion pursued on the last occasion, when the bantling was kept so carefully from the air that immediately after its exposure it fell a victim to the rough breezes of popular dissatisfaction. We cannot conceive any rational cause why it should not be freely circulated in proof-sheets amongst competent chemists and practical pharmaceutists. Let all the storms of criticism pour down, when they can be utilized or disregarded according to their value. It was our painful duty to demolish the authority of the last edition, of which a good many thousand copies are now doomed to become waste paper. We would rather that our columns should serve this time the more directly useful purpose of helping to amend the new edition, if amendment be necessary, before another 10,000 are struck off, and a new holocaust become the precedent condition of amelioration. "It is never too late to mend," if you don't count the cost; but after 10,000 copies are printed, the amendment is too expensive a process when the profession has to pay the piper. We have a good deal of confidence in Professor Redwood and Mr. Warington, and we urged this mode of editing from the first; but they are not faultless, and probably do not assume to hold concentrated all the pharmaceutical and chemical knowledge of the time. The Committee need not assume it for them; but will assuredly do well to permit—nay, invite, free criticism of the proofs before the whole impression is printed off.

THE THRONE AND THE HOSPITAL.

THE courage and consideration which the Emperor and the Empress of the French have shown in visiting so thoroughly the cholera patients in the hospitals of Paris must extort general admiration. There can be no question of the excellent moral effect of such self-devotion. No one will dare to shrink from a peril which has been voluntarily incurred by the Heads of the State, and the most utter coward—if any such be among the attendants—must fear the shame of deserting a post of which the highest personages have braved the perils, and which is the object of the personal solicitude of the throne. We are disposed, therefore, to regard the actual influence of these visits as of great practical value. It may be permitted us, however, to doubt whether the urgency of the case is such as to call for this invitation to contagion, or whether the good done under existing circumstances is equal to the gravity of the risk incurred. Many a time when a general has felt an impulse to head the dashing charge he has been arrested by the friendly voice which reminded him that his own life weighed too heavily in the scale to be risked on the chance of meeting a stray bullet; and too little is known of the means by which cholera is diffused to allow us to say that the Emperor did not incur voluntarily a considerable danger in breathing the atmosphere of those wards. No truly brave man will be deterred from following the call of duty by the fear of danger; but this is a peril which it hardly falls within the ordinary duty of princes to encounter. In exceptional times, indeed, such acts have been attended with the happiest results. Where panic reigns among the attendants; where doctors or nurses show any tendency to yield to an overpowering fear, to neglect their duty, or to fly from their posts, the appearance of their chief has shamed the cowards, inspirited the wavering, and cheered the zealous. But we are well satisfied that none of this was to be looked for in the hospitals of Paris. The physicians and attendants could not but appreciate the courage, devotion, and solicitude of the Emperor, and might feel some pride that their daily life is spent in incurring perils which it reflects honour on him to brave for a few hours, but their pride and satisfaction must have been mixed with a sense of doubt and responsibility. For we repeat that the good done by the visit of the Emperor cannot, in our opinion, under present circumstances, weigh for a moment against the danger to the country from his voluntarily entering a focus of cholera poison.

MEDIÆVALISM.

THE guardians of Hull have distinguished themselves by a display of narrow-minded prejudice which is beyond the ordinary limits of parochialism. The teachers of anatomy of the Hull School of Medicine applied for that which is the usual, legal, and universally-conceded source of supply of subjects for anatomical study and dissection to students of medicine throughout the kingdom—the unclaimed bodies from workhouses and hospitals. We shall not condescend here to recapitulate an argument which has long been accepted as finally concluded; we shall not state the reasons which make the study of human anatomy essential to the curers of human diseases, and which have caused the State in this as in all other European countries to furnish a legal and recognised source of supply of human subjects for such study, and have pointed out the unclaimed bodies in workhouses and hospitals as the most proper subjects, being those as to which the natural feelings of survivors are unlikely to be hurt. We can only express our surprise that the Hull Board of Guardians should deal with this request as though there were no national precedents for it, as though it were not authorized by Act of Parliament, and sanctioned by the practice in the metropolis and throughout the great cities of this and other European countries. The foolish insults which have been addressed to those who preferred this request may be left to the reprobation of all thinking men; but it is a very grave thing that Hull should refuse to those pursuing the study of medicine the facilities which are everywhere else granted.

DIED IN HARNESS.

THE death of the Officer of Health for Southampton from cholera, will excite profound regret throughout the profession. Those who did not know Mr. Cooper personally will be sorrowful for a brother practitioner who has succumbed in a laborious fight against the first inroads of a deadly pestilence on these shores. Those who knew him will mourn the loss of one of the rarest and quaintest of men—one whose place will long remain void, whose friendship will be with difficulty replaced. His age verged upon the thirteenth lustrum, but he was so hale and active that few suspected that he had well-nigh reached the ordinary limit of life. For forty years he had practised his profession in Southampton, and he was justly marked among the worthies of the town. He had worked hard in youth and mid-life; he worked harder in old age. As medical officer of health a heavy responsibility rested upon him when cholera made its appearance in Southampton. He had to contend against the natural indisposition of the local authorities at first to admit the unwelcome fact. He had to struggle against that hesitation to adopt early comprehensive measures of precaution which arose out of the slowness of belief. The obstacles to a fuller exercise of his duties harassed him. At the samp time these duties called for incessant activity. Latterly the physical fatigue and mental worry had begun to tell upon him. He complained from time to time of exhaus-

tion, and began to look careworn. On the 21st he was struck down with cholera at two A.M., and he died a little after midnight on the 24th. He died in harness. We cannot but add one word in sorrowfully recording this death side by side with that of Dr. Herbert Barker. Dr. Barker also has fallen a victim to fever, which he was studying. Such deaths are glorious, but most melancholy. Do medical men sufficiently cultivate their physical powers while straining their mental?

DR. EDMUNDS AND THE STATISTICS OF DEATH AFTER CHILDBIRTH.

IN an article in THE LANCET of Oct. 14th inst. upon the letter and lecture of Dr. James Edmunds concerning the statistics of deaths after labour, his statements are characterized as "a scandalous perversion of facts and figures," and "an impudent and disgraceful attempt to hoodwink the public." Of these expressions Dr. Edmunds complains. They are clearly beyond the limits of courteous discussion, and would not have been allowed to pass had they not by an accident escaped the supervision of the responsible editor. Under these circumstances, we feel that the use of these terms requires from us retractation and apology, which we have no hesitation in making. We believe the criticisms on the scientific points involved in this discussion are well founded, but if Dr. Edmunds desires to make any statement as to matters of fact, the columns of THE LANCET are open to him.

THE CATTLE PLAGUE COMMISSION.

IN mentioning last week the arrangements in progress for carrying out the necessary investigations of the Cattle Plague Commission by competent medical observers, we remarked upon the absurdly small remuneration offered, and the regrettable character of the Government expedient, which combined a proposition for payment with a plea of insufficient funds at disposal, and an appeal to the public spirit of the physicians applied to. Public spirit is a quality very desirable in itself, and one in which our profession never will be, as it certainly never has been, found wanting; but it could hardly be put to a worse use than in supplementing an insufficient *honorarium* in so insignificant a financial arrangement. We learn therefore with satisfaction that the plea has been withdrawn, and that in lieu of the ridiculous fee which the Experimental Committee stated they had alone the power to offer, they have placed a sufficient sum at the disposal of certain of the gentlemen applied to, and who had very properly declined to enter upon any such half-eleemosynary arrangement with the Government. In one case, where £50 had been stated to be the maximum at the disposal of the Committee, they now offer £150, with an equal amount for expenses. In view of the long, tedious, and most unpleasant labours involved, this is anything but a liberal payment, but it is fair and sufficient. We regret that any financial question should have arisen on such an occasion.

THE CHOLERA.

THE lull in the extension of the epidemic continues. From Southern Italy only, since our last report, has news come of fresh centres of infection. The disease has not yet ceased its destructive progress in the eastern districts. The report that Naples is infected, referred to doubtfully in our chronicle of the 21st inst., is unhappily confirmed. Paris appears to be slowly but surely falling under the influence of the epidemic. In England there has been no further outbreak.

I. *Newly-infected places, or places not previously stated to be infected.*

Italy.

Naples.—Oct. 17th: Four cases have occurred in the upper part of the city, near the Toledo and the Infrascati. Active measures have been taken to meet the evil.

The following fresh places have been attacked:—*Ostuni;* population 16,367; province of Lecce, twenty-four miles W.N.W. of Brindisi. *Viesti;* population 5384; situated on the Adriatic, twenty-three miles N.E. of Manfredonia. *Grumo Apulia;* population 6457; thirteen miles S.W. of Bari.

Bitetto (situated ten miles S.W. of Bari on the Adriatic, with a population of 5043) must be added to the list of infected places. The latest news reports 29 cases and 6 deaths. The cholera has prevailed in this town several weeks.

II. *Previously infected places.*

France.

Paris.—The following is an approximate statement of the number of deaths from cholera in Paris from the 11th to the 19th inst.:—

	Deaths from cholera.		Deaths from cholera.
Oct. 11th ...	163	Oct. 16th ...	216
12th ...	191	17th ...	215
13th ...	180	18th ...	217
14th ...	193	19th ...	197
15th ...	264		

On the 22nd it is stated that 160 deaths occurred.

On the 20th inst. the Emperor Napoleon visited the cholera patients in the Hôtel Dieu. He spoke to every patient.

On the 23rd the Empress devoted the entire day to visiting the cholera patients in the hospitals Beaujon, Lariboisière, and St. Antoine.

This truest nobility of action on the part of the Emperor and the Empress commands the highest admiration. Panic should be an impossibility when such an example has been set.

The Emperor, Empress, and Prince Imperial have placed in the hands of the Minister of the Interior 41,000f. for the families of those who have died of the cholera.

Dr. Biard, a physician in large practice, and two house-pupils of the St. Antoine Hospital, have died from cholera.

Scattered cases still occur in *Marseilles, Toulon,* and the infected districts in the South of France.

Spain.

The cholera has entirely disappeared from Barcelona, Valentia, and the Balearic Islands.

Madrid.—Oct. 2nd: 52 cases; 32 deaths.

Gibraltar.—The epidemic is on the decline. The cases and deaths reported from the commencement of the outbreak to the 30th of September were as follows:—

	Cases.	Deaths.
Civilians	639	328
Military	116	72
Convicts	75	48
Total ...	830	448

The following are the daily returns since the 30th of Sept.:—

	CASES.			
	Military.	Civilians.	Convicts.	Total.
Oct. 1st & 2nd	6 ...	22 ...	2 ...	30
3rd ...	2 ...	10 ...	1 ...	13
4th ...	2 ...	11 ...	0 ...	13
5th ...	7 ...	13 ...	1 ...	21
6th ...	4 ...	12 ...	1 ...	17
7th ...	2 ...	15 ...	0 ...	17
8th & 9th	6 ...	21 ...	3 ...	30
10th ...	1 ...	11 ...	0 ...	12
11th ...	1 ...	12 ...	0 ...	13
12th ...	1 ...	10 ...	0 ...	11
13th ...	7 ...	6 ...	0 ...	13
14th ...	0 ...	9 ...	0 ...	
15th & 16th	1 ...	12 ...	0 ...	13
Total ...	156 ...	800 ...	81 ...	1037*

* The above figures represent the total cases from the commencement of the epidemic.

DEATHS.

	Military.	Civilians.	Convicts.	Total.
Oct. 1st & 2nd	3	15	2	20
3rd	1	5	1	7
4th	3	5	0	8
5th	2	8	1	11
6th	4	3	1	8
7th	1	8	0	9
8th & 9th	4	14	3	21
10th	1	5	0	6
11th	0	1	0	1
12th	0	5	0	5
13th	1	4	0	5
14th	1	6	0	7
15th & 16th	1	10	0	11
Total	94	403	56	553*

The Mediterranean.

	Attacks.	Deaths.
Malta.—Oct. 12th	8	6
13th	3	1
14th	3	3
15th	2	0
16th	4	0
17th	6	2
Gozo. — Oct. 10th	10	4
11th	2	0
12th	3	1
13th	5	1
14th	5	0
15th	4	3

Italy.

San Giovanni a Teduccio (population 10,000).—Oct. 17th: Thirty cases reported in four days. The disease very fatal.

Lucera.—Cholera has reappeared. Six deaths reported in two days.

Syria.

Damascus.—Oct 1st: The epidemic is rapidly decreasing. One day has passed in which no death from cholera was reported. In consequence of the decrease, the French medical staff has left Damascus on their way back to Paris.

	Total Deaths from all causes.	Deaths from cholera.
Sept. 18th	54	38
19th	31	24
20th	30	17
21st	25	18
22nd	22	5
23rd	21	12
24th	14	9
25th	24	10
26th	19	7
27th	13	5
28th	17	11
29th	4	0
30th	9	4

England.

Southampton.—Four deaths reported. Mr. Cooper, the officer of health for the borough, was seized on the 21st, and died on the 24th. Two children (one aged one year, the other one year and four months) died at Freemantle, in a house where a previous death from cholera had taken place. Diarrhœa is prevalent. A young lady, aged sixteen years, was seized in church on Sunday evening, and died thirty-six hours after the attack.

The Metropolis.—The bill of mortality for the week ending the 21st of October states:—"The deaths from diarrhœa in London are slightly more numerous than they were in the preceding week. In the three weeks of the present month the fatal cases of this disease were successively 83, 54, and (in the week that ended last Saturday) 62. The mortality from diarrhœa exceeds the average for the third week of October, which is 40. Two children died from cholera, and two adults. The following are the particulars of the latter cases:—On the 16th of October, at 77, South-row, Kensal-town, a whitster, aged forty-eight years, 'cholera (four days), gradual exhaustion (fourteen days).' On the 14th of October, at 10, Copenhagen-street, Islington, the widow of a wine-merchant, aged seventy-three years, 'cholera (two days), exhaustion.'"

* Total deaths from the commencement of the epidemic.

The International Cholera Congress.

England has assented to the proposition of France for an International Conference respecting cholera. A circular of the French Minister for Foreign Affairs states that the object of the Conference would be to investigate the primary cause of cholera, determine its principal points of departure, and study its characteristics and its march. It would have also to propose practical means for confining the disease and stifling it at its origin.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your permitting me, through the medium of your journal, again to address the Poor-law medical officers, as the time has arrived for me to take their opinion as to the course to be pursued in future.

Nearly ten years have elapsed since I first addressed them on the subject of the medical relief of the poor, and as yet no comprehensive measure of reform has been obtained. Some of the medical officers, in consequence of the general agitation of the question, have induced their guardians to grant an increase in their salaries; but these instances are, I fear, but exceptions to the rule, and the majority of them remain as they were, a capriciously and underpaid body of men. Some of them have fixed salaries and extra medical fees, as the order of the Poor-law Board provides, others fixed salaries and no extra medical fees, others fixed salaries and some extra medical fees, others fixed salaries combined with a per-case payment; some have fixed salaries and find all medicines; others (a few only), fixed salaries, and the guardians find all the medicines, &c. These various modes of payment show too clearly the entire absence of any well-digested plan of medical relief. In February, 1861, Parliament appointed a Select Committee on Poor Relief (England), which continued its sittings from time to time until May 31st, 1864, when their report was submitted to Parliament; but as its original proposer never intended the question of medical relief to come before it, (the inquiry was only made to embrace this subject on the motion of an independent member of the House of Commons,) it will cause no surprise when I say it was only on the last day and last hour of the session of 1861, that three medical men were called upon to give evidence upon a question which actually involved five-ninths of the whole pauperism of England and Wales, thereby proving that the most important part of the relief of the poor was almost totally ignored; and when the report on this question was made to Parliament, it was founded almost entirely on the evidence of Mr. Cane, a Poor-law inspector, as is proved by the quotations contained in the report. That evidence I unhesitatingly say was most inaccurate, and given in such a way as to mislead the Select Committee; but still there was a minority on that Committee who were not to be mystified by his statements, as is proved by the adjournments and amendments on this question, and a majority ultimately decided that it was requisite for the benefit of the poor that the guardians should find cod-liver oil, quinine, and other expensive medicines, but it was not until many months had elapsed, and after many importunities, that the Poor-law Board could be induced to issue a circular letter empowering the various boards of guardians to carry out the recommendation of the Select Committee. But as this was only a permission, and not an order, many boards of guardians have refused to carry it out (Weymouth for instance); some, however, have allowed their medical officers to order a few articles of the druggists; others have permitted them to charge as extras for these articles. Some now find cod-liver oil, and one board of guardians (Southampton) have adopted the wise and judicious course of establishing a dispensary, and now find all medicines, to the great relief of their medical officers and benefit to the poor.

Some boards of guardians still, however, ignore the recommendation of the Select Committee, so far as the poor are concerned, but, in order to obtain a little peace, have raised the salaries of the medical officers; but all this is most unsatisfactory, and a disgrace to a public body like the Poor-law Board,

to permit boards of guardians thus capriciously to carry out the recommendations of the Select Committee of the House of Commons.

At the last annual meeting of the British Medical Association, held on the 1st of August, 1865, it was resolved,—"That a Committee of this Association be appointed to inquire into the present system of Poor-law medical relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law medical officers." "That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association, and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-law Board."

In accordance with these resolutions, it will follow that no measure of relief can be laid before Parliament until February, 1867. Are the medical officers willing to wait so long?

My own impression is, that a deputation should wait upon the Poor-law Board before Parliament meets, and urge the President to bring in a Bill on the subject of Poor-law medical relief, or make it a part of his proposed Poor-law Renewal Bill, failing which, we should press upon Parliament, at its meeting in February next, the necessity of reform, which can only be done by preparing a Bill and laying it before them; but this must be supported by a clearly-written pamphlet to each member of Parliament, showing how the Select Committee arrived at an incorrect decision on this subject. This must be backed up by repeated meetings and private applications to members. But all this cannot be done without money. Will the Poor-law medical officers again make an effort, and furnish it? Will each of them forward to me at least a 5s. subscription?

It is possible they may consider it would be better that I should retire from my office of chairman to the Association, and leave it in the hands of the Committee of the British Medical Association. If so, let them send their subscriptions to Dr. Henry, 37, Great Queen-street, Lincoln's-inn-fields, the Secretary of the British Medical Association, as he will require funds if he is to act with vigour; if, on the other hand, the wish is that I should continue to conduct the management of this affair, as a distinct body from that of the British Medical Association, they must send their subscriptions to me, and I will take active measures on the subject. There never was a better time for doing so. A new Parliament, and, perhaps, ere long, a new Government, may listen to us, particularly if the medical officers have all pointed out to their individual members at the late election, as was advised, the necessity of a reform of the abuses now existing in the system of the medical relief of the poor. Can anyone have read the reports of THE LANCET Sanitary Commission for investigating the state of the infirmaries of workhouses, without being impressed with the necessity of great reform in the union houses.

In *The Times* of Sept. 14th, 1865, is a leader on this subject, and in it we read:—"A useful Act, moreover, was passed, empowering the guardians to award pensions to superannuated officers. In old age, the officials of workhouses not uncommonly ended their days in the workhouse themselves, and in order to avoid this fate they frequently lingered in their office when they were unable to discharge its duties. All these measures are so many improvements in the treatment of that unhappy class who depend upon the public for support. We may be sure that, so far from the burden they impose on the country being increased by a more liberal and judicious management, it will be diminished. Thus, as we have recently had occasion to show, it is sickness which constitutes the chief problem of pauperism, and a better system of medical relief would unquestionably have the effect of diminishing the number of paupers. According to the returns in the present report, the medical relief forms but one-twenty-sixth part of the total expenditure, although the able-bodied, including men, women, and children, compose, even nominally, but four-ninths of the whole number of paupers. The question is now, however, being thoroughly considered, and the next few years will no doubt see still more important improvements than those we have been reviewing."

After this statement of *The Times* will the medical officers be silent? I trust not.

The whole system of Poor-law medical relief requires revision. The present Poor-law inspectors, with one exception, so far as illness is concerned, are a perfectly useless set of men. They know nothing of sickness nor the requirements of the sick poor, as is proved by the monstrous state of our workhouses as revealed by THE LANCET Sanitary Commission. There must be medical inspection, and that by medical inspectors. Dispensaries ought to be established in all densely-populated places, as is the case in Ireland; and where this cannot be done, a separate payment should be made to the medical officer for drugs, independent of his salary. The salaries of the medical officers should be adjusted on a definite principle, regard being had to the number of patients and distance to be travelled, and then, and not until then, will the guardians ever trouble themselves as to the class of persons receiving medical relief: with a fixed salary they are utterly regardless of the number of patients sent to the medical officer. In one union with which I am acquainted a boy acts for his father, the relieving officer, and gives medical orders to all who ask for them, and there the midwifery orders to the wives of artisans are very numerous, and as the guardians do not pay any extra medical fees, they make no inquiry. This, I need not say, is most unjust to the medical officer. There ought to be a superannuation fund for such of the medical officers as are incapable of doing their work, and are in such a pecuniary position that they cannot give up their appointment: it is a cruelty to the poor to insist on men doing that which they are physically incapable of accomplishing. There are many other points to be considered, but in a letter of this kind sufficient has been said to arouse the thoughts of all men who are desirous of improving the medical relief of the poor.

Royal-terrace, Weymouth,
Oct. 20th, 1865.

I am, Sir, yours, &c.,
RICHARD GRIFFIN.

THE CASES OF YELLOW FEVER AT SWANSEA.

To the Editor of THE LANCET.

SIR,—I shall esteem it a favour if you will allow me to make a few remarks on the recent cases of yellow fever at Swansea, based on my own observations. The whole subject has been investigated, and a careful report of cases drawn up, by Dr. Buchanan, who has been specially commissioned as officer of the Privy Council to visit Swansea and report on the outbreak of yellow fever in that town. As, however, some time may elapse before the result of Dr. Buchanan's investigation is made public, I venture to communicate through the medium of THE LANCET some few particulars, which I trust will not be uninteresting, with reference to the spread of yellow fever in this climate by contagion. I may state that in those cases that have come under my own observation the symptoms and progress of disease have corresponded in most respects with the experience of the other medical men in this town.

The history of the introduction of the poison into Swansea by the barque *Hecla* has been given in *The Times* of Oct. 3rd. I will therefore confine myself to a brief notice of some of the characteristics of this disease.

I had the opportunity of attending (owing to the illness of a medical friend) one of the first cases that occurred in this town—that of Mr. B——, aged thirty-three. My first visit to him was on the morning of Sept. 21st, when I found him complaining of headache and incessant vomiting of a dark substance resembling coffee-grounds. He complained of pain in the epigastric region, but there was no tenderness on pressure; pulse full and frequent; bowels confined; urine scanty and high-coloured; tongue furred and yellow, with red edges. He had first felt unwell on Sept. 17th, but had not sent for medical advice till the 19th, when he was attended by my friend Dr. Griffiths, who treated him with purgatives and salines; and next day the fever was much subdued, and he was considered convalescent. On the 20th the vomiting had come on, for which dilute hydrocyanic acid was prescribed, but without checking the sickness. I visited him four times during the course of the 21st, and on the afternoon of that day noticed a slight yellow tinge of the skin and conjunctivæ, which became more marked during the progress of the fever. He slept some hours that night and early the next morning; and on my visiting him about ten A.M. of the 22nd he expressed himself as much better, the sickness having been less frequent. The vomiting gradually ceased, and at two P.M. he became unconscious, in which state I found him at eight P.M. There was no active delirium, no subsultus or wandering, but a quiet heavy stupor and great prostration; pulse almost imperceptible; great collapse, and coldness of extremities. He died in the course of the night without any return of consciousness. On inquiry, I was informed that he had been on board the *Hecla* on the 15th and 16th of September. I regret that no post-mortem examination could be obtained.

The chief points of interest, which agree with the history of other cases in this town, are—short period of incubation, relapse, character of vomit, rapid course of the disease, sudden access of delirium, and death. In all cases, as far as I have been able to ascertain, the period of incubation has not exceeded three or four days. In many cases there has been a remission of symptoms and apparent recovery, followed by a relapse. In this case there were two such relapses, one on the fourth day, and the other twelve hours before death. The vomit in all the fatal cases has been of a dark colour, sometimes fetid, and pronounced by those who have been abroad similar to the "black-jack" of foreign climates.

I shall be happy to furnish further particulars should any of the readers of THE LANCET be desirous of obtaining additional information; and I may have some remarks to make in a future number on the contagious character of the disease with reference to a case I have recently seen near Southampton of yellow fever, conveyed by a sailor from Swansea.

I am, Sir, your obedient servant,

A. PLATT WILKS, M.A., M.B. Cantab.

Swansea, Oct. 18th, 1865.

THE LANCET RECORD
OF
THE PROGRESS OF MEDICINE AND THE COLLATERAL SCIENCES.

FROM the *Archives Générales de Médecine* we learn that the Strasbourg Faculty of Medicine has appointed MM. Bach and Wieger to fill the two newly established chairs of Pathology.

M. Kœberlé records six operations of Ovariotomy performed during the past year. Of these, four were perfectly successful.

ANATOMY OF THE EYE.

At a late meeting of the French Academy of Sciences a note was presented by M. Dousmain on the subject of the Anatomy of the Eye. Contrary to the opinion of most anatomists, the writer considers that the capsule of the crystalline lens presents the same thickness anteriorly and posteriorly. The suspensory ligament of the lens does not exist, that which has been mistaken for a ligament being simply the union of the common envelope with the hyaloidean sac. The zonule of Zinn he describes as being composed of four distinct layers; and he denies the existence of the posterior chamber and of the canal of Petit.

ANTAGONISM OF MORPHIA AND ATROPIA.

The antagonistic action of morphia and atropia is a subject of the highest physiological interest. The inquiries of Drs. Keen, Moorhouse, and Mitchell have shown (*a*) that these drugs do not counteract one another as regards their effects on the circulation; (*b*) that as regards the eye they are mutually antagonistic, but the action of atropia is the more permanent; (*c*) that the cerebral symptom produced by either drug is capable in great measure of being overcome by the other, but there is some difficulty in establishing the proper balance; (*d*) that atropia does not diminish the nausea produced by morphia; (*e*) that the two medicines are mutually antidotal as regards their effects upon the brain, but they have exactly the same effect upon the bladder.

PERIOD OF PUBERTY.

A comparison of the returns of the age at which puberty appears in Frenchwomen has led M. de Quatrefages to conclude that this period of development has no well-marked relation either to the individual's age or the temperature of the climate. In his opinion, the differences between the ages at which puberty occurs among different women must depend upon ethnological differences.

TERMINATION OF NERVE-FIBRES.

Notwithstanding the able refutation of Herr Kühne's opinions which was given in Dr. Beale's "Croonian Lectures," the continental *savant* reiterates his conclusions as to the mode in which the nerve-fibres terminate in the muscles. He asserts that the cones in which the nerve-filaments end do not contain a trace of the medullary matter of the nerve. According to MM. Schulke and Rudneff, an aqueous solution of osmic acid gives the medullary a blackish tint. Availing himself of this fact, Kühne added this compound to some microscopic preparations in which the nerve-fibre, the *cone*, and the muscle were shewn; and he perceived that while the fibre itself was blackened up to the point of union with the *cone*, the latter and the muscular substance in which it lay presented a yellow colour. This fact he regards as an overwhelming proof of his theory. He recommends transverse sections of the muscles as best calculated to show the arrangement he describes. In order to procure them in the fresh condition, he freezes the recently-removed muscle, and then prepares his sections with a razor which has been cooled to the freezing point. In this way he obtains very delicate specimens, consisting of two or three layers of the sarcous elements, and in which the nervous "plates" exhibit themselves as brilliant but irregularly-shaped particles.

PERCHLORIDE OF IRON IN CANCER.

At the Medical Congress of Bordeaux a paper was read by M. Bitot upon the treatment of cancer. The author considers that perchloride of iron is a specific for cancerous affections; he compares the action of this salt to that of iodine in cases of scrofula, and suggests that the perchloride should be employed externally and internally in order to affect both the diathesis and the diseased parts.

A PARASITE IN BONE.

Professor Wedl, in examining some bone and teeth sections of Professor Heidel's, has discovered that the minute cavities of these hard tissues are very frequently invaded by a species of microscopic fungus. The spores are widely spread through the lacunæ of the cementum and the tubuli of the dentine of teeth, but they are not found in the enamel. This fact has been proved by repeated observations. The parasitic growths appeared to be developed at the expense of either the organic or inorganic matter of the teeth and bones; furthermore they are never found in tissues freshly prepared, nor have they any connexion with the diseased condition known as caries.

TREATMENT OF PHTHISIS BY RAW MEAT.

Our readers are already familiar with the fact that M. Fuster has recently been treating consumptive patients with raw meat and brandy. M. Desmartis of Bordeaux has adopted a somewhat similar method of treatment, not only in cases of phthisis but also in general scrofula, anæmia, and chronic dysentery. He employs the blood in preference to the flesh, and flavours it with some aromatic substance so as to remove the unpleasant chalybeate taste. The results are stated to be marvellous, and are in part corroborated by the experience of Dr. Montargis, who is accustomed to send his phthisical patients to the Parisian *abattoirs* to drink the fresh blood as it flows from the slaughtered cattle.

MEDICINE IN MEXICO.

The medical institutions of Mexico, says *Cosmos*, deserve attention. The lectures at the School of Medicine are attended by nearly two hundred students, and the curriculum extends over a period of seven years. The first year is devoted to botany and medical physics; the second to zoology and medical chemistry; the third to anatomy, therapeutics, and dissections; the fourth to physiology and medical pathology; the fifth to surgical pathology and clinical instruction; the sixth to operations and pharmacy; and the seventh to State medicine and midwifery.

ACTION OF CURARA IN THE STOMACH.

The general hypothesis that curara and other poisons are inoperative when introduced into the stomach, has met a severe blow at the hands of M. Cl. Bernard. He states that curara exerts its poisonous action when introduced in sufficient quantity into the stomach. Curara is not decomposed by the gastric juice; for when the contents of a dog's stomach into which it had been introduced were removed by a fistulous opening, and injected subcutaneously into other animals, the poisonous properties of the drug were fully shown. M. Bernard has also proved that curara, when submitted to the process of dialysis, exhibits all the properties of a crystalloid, as distinguished from a colloid substance.

EPISTERNAL BONES OF MAMMALIA.

Professor Gegenbauer has published a most important memoir upon the Episternal Bones of Mammalia. In this he gives detailed descriptions of the episternal apparatus in the

several orders of mammals, and concludes that in man this series of bones is represented by the inter-articular fibro-cartilage which separates the clavicle from the sternum. The ossa supra-sternalia which occasionally present themselves in man he is unable to explain away by assuming them to be merely accidental and rarely occurring structures, as is sometimes done; he regards them therefore as being possibly the remains of the median piece of the typical episternals.

TOBACCO IN TETANUS.

An interesting case of the cure of traumatic tetanus by the application of infusion of tobacco-leaves is recorded in the *Journal de Médecine* de Bruxelles. The skin in the neighbourhood of the wound was partially removed by the application of boiling water and vesicant collodion, and in this way absorption of the tobacco was rendered more easy. The patient suffered from delirium.

CITRATE OF QUININE AND IRON.

Mr. J. C. Braithwaite's inquiries demonstrate the important fact that the ordinary specimens of citrate of quinine and iron contain not unfrequently traces of quinidine.

CARBONIC ACID IN VENOUS BLOOD.

In experimenting with a view to determine the quantity of carbonic acid in venous blood, M. E. F. W. Pflüger has found that the venous fluid of the sheep yields as much as 50 per cent. of this gas. The discrepancies in the estimates of chemists he attributes to the circumstance that the water-vapour was not removed from the receiver of the air-pump used in the investigation.

IMPULSE OF THE HEART.

M. Colin contends that the impulsive force of which the left ventricle is capable is four times greater than that of the right. Expressed in pounds, they hold the following ratio—255 : 65.

ADULTERATION OF ESSENTIAL OILS.

An ingenious method of detecting the adulteration of essential oils with turpentine has been described by Mr. Sugden Evans. In the apparatus he employs, he avails himself of the power most essential oils possess of rotating the plane of polarization of a beam of polarized light transmitted through them either to the right hand or to the left. This instrument is simply a modified polariscope, the eye-piece of which is set in a circular disc of brass, the circumference of which is divided into 360 degrees. The prisms are so constructed that an index needle on the eye-piece points to zero when a ray of light transmitted through the apparatus is at its maximum intensity. When the light is sent through a pure oil, the ray of greatest intensity is indicated by the number to which the index needle points; and hence an impure specimen may be detected by comparing its number with that of the pure oil.

MICROSCOPIC ILLUMINATION.

A new form of parabolic illumination, which commends itself to the notice of histologists, has been constructed and described by Mr. Richard Beck, of the firm of Smith, Beck, and Beck. It is simply a modification of the reflector known to naturalists by the name of "Lieberkühn." The objection to the ordinary "Lieberkühn" lies in the circumstance that it reflects rays of light from *all* directions upon the object under examination, and therefore leaves the operator in some difficulty as to the relation of minute parts to each other. In the new contrivance, the light is thrown from one side of the objective, and by this means the observer can discover the character of minute depressions and elevations, which he would otherwise have passed over without notice.

Count Francesco Castracane suggests a new method of examining microscopic objects, which may possibly be found useful by those engaged in the investigation of the lower plants and animals. The great difficulty which our microscope manufacturers have had to overcome is that of the correction of lenses for chromatic observation. The ordinary continental objectives are rarely perfectly achromatic, and this is of course a great objection to their employment in cases where great precision is required. Count Castracane proposes to neutralize this quality of inferior object-glasses by using light of one colour, which cannot be decomposed. His plan consists essentially in the employment of one of the component pencils of the solar spectrum, which is made to fall upon the mirror of the microscope, and is thus reflected to the object. In his researches he employs one of Dubosc's heliostats, and by its means obtains a field wholly illuminated by coloured homogeneous light.

SYNTHESIS OF ORGANIC SUBSTANCES.

The discoveries of Berthelot and other modern chemists have done much to refute the "vital principle" theory of life. The wonderful results of synthesis have explained away many of the difficulties of physiological chemistry: still there is much to be done; and as every new example of what synthetic chemistry can effect is of interest, we note with satisfaction that M. Kekulé has just prepared a new aromatic acid by bringing together substances of entirely different qualities. The new acid, which is termed "xylilic," was prepared by passing a current of carbonic anhydride into a heated mixture of sodium, monobromated xylol, and impure toluol. The saline mass thus obtained contains the soda salt of the new acid; by precipitating the aqueous solution with hydrochloric acid the xylilic acid is produced. The most interesting matter in connexion with this new compound is the fact that its discoverer had previously predicted its formation on purely theoretical grounds.

NERVE-FORCE AND ELECTRICITY.

The experiments upon the electric organ of the torpedo which have just been published by Signor Matteucci, give another proof of the analogy which exists between nerve-force and electricity. They demonstrate that during the life of the animal the "electric organ" pours out a continuous stream of electricity. Hitherto it has been thought that the electric discharge took place only at intervals. Signor Matteucci, who has tested minute portions of the organ by a delicate galvanometer, concludes that the electro-motor power of the torpedo during the state of repose increases sensibly after the organ, or portion of the organ under investigation, has been caused to discharge itself by irritating the nerves. This increase continues for a certain time, and diminishes very gradually.

BELLADONNA IN STRANGULATED HERNIA.

At the meeting of the French Academy on the 16th instant M. Velpeau presented a note from M. Chrestien of Montpellier on "the best method of employing belladonna in the treatment of strangulated hernia." M. Chrestien persists in believing that the best way of using belladonna in these cases is to apply the aqueous extract directly to the hernial tumour. The dose he considers of little moment. He has coated a tumour with an unguent composed of equal parts of axonge and aqueous extract of belladonna, and then covered the parts with a poultice of linseed meal and dried belladonna leaves. After a few hours the symptoms of strangulation began to diminish, and the patient experienced intestinal *gargouillements*, followed by that peculiar sound which indicates the reduction of the hernia.

AGUISH BRONCHITIS.

M. Bernard has written a paper entitled "Observations on Aguish Bronchitis, considered from the aspect of a theory of the transformation of organic fluids;" in which he attempts to show that the treatment of this malady is related to that to be adopted in cholera.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

A most important pamphlet has just been printed for private circulation upon the position of the Queen's University in Ireland, and of its Colleges, by Dr. Corrigan, a member of its senate. In this *brochure* he takes a masterly and most independent view, not only of the future of these institutions, but also of the *questio vexata*—the propriety of giving a charter to the proposed Catholic University. As a member of the Roman-catholic Church, and a most distinguished and enlightened member of our profession, his views call for the gravest and calmest consideration; and it gave your correspondent extreme pleasure to find that Dr. Corrigan's ideas are all in favour of free trade and open competition, and entirely adverse to sectarian or denominational teaching. He would place the Queen's University exactly on the same footing as your London University, and admit all comers for examination for its degrees; insisting only—and most properly so in your correspondent's opinion—upon its keeping strictly in its own hands the preliminary examination, so that it should always be kept up to a high standard of excellence. The great apparent drawback to this most liberal and wise arrangement is the danger of its reacting injuriously upon the interests of the existing Queen's

Colleges in Galway, Belfast, and Cork; attendance for one session, as matters now stand, being compulsory on all students seeking degrees in the Queen's University. But this is an argument that the learned Doctor looks upon as most unworthy. In his opinion, the race would be for the swift—the battle for the strong; competition would develop powers and attractions that peradventure want of opposition permits to lie dormant. And he doubts not that those colleges and institutions would be most frequented where, as it may be technically expressed, the best value would be given the student. He looks upon the proposed scheme of endowing the present so-called Catholic University as a fourth Queen's College as one of most pernicious tendency, and fraught with evil for Ireland's future welfare, tending as it would to foster sectarian differences, and rear up impassable barriers between the youths of different denominations. In a pamphlet breathing so admirable a spirit, and where its subject is handled after so exhaustive a fashion, it pains your correspondent to take exception to any of its details; yet the proposed plan of apportioning the professors of the Queen's Colleges into thirds—one to be of necessity Protestant, the second Roman-catholic, and the third indiscriminately composed either of Roman-catholic or Protestant—appears to be founded on wrong principles. Let every professor be of the Roman-catholic, of the Protestant—ay, or of the Jewish persuasion, provided always that the best man be the successful candidate. In a college, it should be no recommendation for a man seeking a scientific position that he is of any particular religious persuasion. In that way only can efficiency be secured, and by this means only can competition ever be *healthily* successful.

Dublin, Oct. 20th, 1865.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Oct. 23rd, the following Member of the College was duly admitted a Fellow of the same:—

Richardson, Benjamin Ward, M.D. St. Andrews, Hinde-street, Manchester-square.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Bruce, Alexander, Albert-terrace.
Burge, Fredk. John, jun., Marlborough Villas, New-road, Hammersmith.
Gregory, George, Moses-gate, Bolton.
Larkin, Henry William, Bilston.
Lupton, Richard John, Stanhope-street, Hampstead-road,
Mackinlay, James Grosvenor, Isleworth, Middlesex.
Redwood, Thomas Hall, L.M., Durham, Rhymney.
Savage, George Henry, Doddington-grove, Kennington.
Searle, Richard Burford, St. Just, Cornwall.
Smith, Charles, Richmond-street, St. George's-road, Southwark.
Tayler, Francis Thomas, Brunswick-place, Lewisham-road, New Cross.
Wilmot, Alfred Edward, Nelson-square, Blackfriars-road.

The following were reported by the Examiners to have passed their Primary Examination for the Licence of the College:—

Cant, William Edmund, St. George's Hospital.
Le Grand, Louis Marc, University College.
Le Rossignol, Augustin, Stratford, Essex.
Pollard, William F. B., King's College.
Smith, W. Wilberforce, Middlesex Hospital.
Young, Frederick W., University College.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on the 19th inst:—

Taylor, James Alonzo, Great Barr, near Birmingham.

The following gentleman also on the same day passed his first examination:—

Sansome, Thomas, Sydenham College, Birmingham.

ARMY MEDICAL EXAMINATIONS.—The next examination of candidates for the Medical Department of the Army will take place in February, and that for admission to the Royal Staff College in July.

MEDICAL VISITORS TO LICENSED LUNATIC ASYLUMS. At the late Wilts and Gloucester Quarter Sessions it was resolved, that if any medical visitor were, by order of the justices, required to make extra visits to the licensed Lunatic Asylum, he should be remunerated for the same beyond the sum fixed for his ordinary attendance as medical visitor.

ROYAL COLLEGE OF SURGEONS.—At a special meeting of the Council, on the 26th inst., convened for electing two members of the Court of Examiners in the vacancies occasioned by the resignation of Mr. Joseph Hodgson, F.R.S., and of Mr. F. C. Skey, F.R.S., whose term of office had expired, Mr. Frederic Carpenter Skey, F.R.S., of St. Bartholomew's Hospital, was re-elected, and Mr. Richard Quain, F.R.S., of University College Hospital, was elected examiner for the next five years, in the vacancy occasioned by the resignation of Mr. Hodgson, who still retains his seat at the Council table. At the same meeting of the Council Mr. William Anthony Harrison, of Keppel-street, Russell-square, a Fellow of the College, was elected a Member of the Dental Board, in the vacancy occasioned by the resignation of Mr. Thomas Bell, F.R.S.

YELLOW FEVER AT SWANSEA.—The disease has entirely disappeared from the town, which is at present in an unusually healthy state.

A SUCCESSFUL CASE OF OVARIOTOMY IN FRANCE.—M. Labbé, a hospital surgeon of Paris, presented (Oct. 17th) to the members of the Surgical Society, a woman, aged twenty-nine, in a perfect state of health, upon whom he had performed ovariotomy three months before.

BEQUEST.—The late Mr. Nathaniel Soames, of Warwick-gardens, Kensington, has just bequeathed £10,000 to the following metropolitan hospitals:—£2000 to the West London, at Hammersmith; £4000 to the Great Northern, Caledonian-road; and £4000 to the North London Hospital, Gower-street.

WE have to record the death of three medical gentlemen well known to the profession: Prof. Alquié, highly respected, at Montpellier; Prof. Remak (whose microscopic researches have been so valuable), at Kissingen, of anthrax; and Prof. Cerioli, at Cremona, at the advanced age of eighty-four.

MARSEILLES AND TOULON.—Both these cities have petitioned the Emperor, praying for restrictive measures when epidemic diseases break out in the East. The petition contains a very touching sketch of the sufferings of the inhabitants, and the havoc occasioned among them by contagious diseases imported by vessels coming from infected countries.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting held on the 18th inst., the following office-bearers were elected for the ensuing year:—President: Dr. James Dunsmure. Secretary: Dr. James Simson. Treasurer: Dr. John Gairdner. Librarian: Dr. Archibald Inglis. President's Council: Drs. James S. Combe, Andrew Wood, Robert Omond, Benjamin Bell, James D. Gillespie, Mr. James Spence, and Dr. John Gairdner, *ex. off.* Examiners: Drs. James Simson, Richard Huie, William Dumbreck, Archibald Inglis, Andrew Wood, Robert Omond, James Dunsmure, Peter D. Handyside, James D. Gillespie, Henry D. Littlejohn, Patrick H. Watson, and David Wilson. Assessors to Examiners: Dr. James S. Combe, Messrs. James Syme, William Brown, and James Spence. Conservator of Museum and Register of Students' Tickets: Dr. William R. Sanders. Officer: Mr. John Dickie.

MEDICAL VICTIMS TO THE CHOLERA.—M. Cacciaguerra, a medical student attached to the St. Antoine Hospital, of Paris, caught the disease whilst attending cholera patients, and died very rapidly. Several other students are lying ill, striken by the epidemic. We learn that M. Mocquot, one of these excellent young men, has just died. The following medical practitioners have recently died at Ancona whilst attending cholera patients. We find the list in the *Imparziale*, of Florence; and hope, with the editor, that the Italian Government will not forget the widows and orphans. In fact, nothing less than great liberality towards the relicts and the children can be accepted by the medical body as a recognition of the heroism of these men. Drs. Jacobi, Persichelti, Stefanini, Bruscoli, Marchetti, Piccinini, Polloni, Corbisier, Pederzolli, and Bonetti.

HUNTERIAN MUSEUM.—A skeleton of that rare and singular animal, the Aye-aye or *chiromys*, has lately been added to the Museum of the Royal College of Surgeons. It is an inhabitant of the island of Madagascar, where it was first discovered by Sonnerat about the year 1780. The specimen brought home by that traveller, and presented by him to the celebrated French naturalist, Buffon, has remained until within a few years, the unique representative in Europe of this re-

markable creature. By Cuvier and many other zoologists it was considered as a member of the Rodent order, on account of the configuration of its teeth, resembling those of the gnawing animals; but De Blainville and others, laying more stress upon the character of the limbs, placed it among the lemurine quadrumana, or monkey-like animals. This view has been completely confirmed by the dissection of a specimen recently sent to Professor Owen by Dr. Humphry Sandwith, a fully illustrated account of the anatomy of which will be found in the Transactions of the Zoological Society for 1863. A living example is now in the Regent's-park Gardens, but, as it is purely nocturnal in its habits, it is chiefly known to visitors by the admirable life-size drawing by Wolff affixed to its cage. A stuffed specimen has lately been presented by Mr. A. Newton to the Museum of the University of Cambridge. Besides those above-mentioned very few examples of this rare creature have as yet been received in Europe. The skeleton just added to the College Museum was found in the possession of a dealer in objects of natural history in Paris by Mr. Flower, the indefatigable conservator of the Museum, during a recent tour by him on the Continent, and at once secured at an expense of £20.

Obituary.

DR. HERBERT BARKER, OF BEDFORD.

THE surgeons in general practice in England have sustained during the past week a loss which will long be felt, in the death of one of the most decided and accomplished representatives of their order—Dr. Herbert Barker, of Bedford.

Dr. Barker died on Tuesday last, at four P.M., of typhoid fever, at the comparatively early age of fifty-one years. He was so well and widely known amongst us as a man possessing no less of physical than of mental power that his death comes upon us as a shock not easily borne; but, in fact, he may be said to have been working against strength, while the majority of his professional brethren considered him the *beau ideal* of energy. A few years ago he began to suffer from irregularity in the action of the heart, for which he consulted Dr. Williams and Dr. Richardson. This break on his previous good health gave him much anxiety, but under careful treatment his strength improved, and he was enabled to follow not only his professional but his scientific labours, without any evidence of decadence, and with unwonted zeal. He encouraged at the same time physical exertion, made almost an annual visit to Switzerland, climbed the mountains with the gusto of an Alpine explorer, and returned from each expedition full of life and hope. He continued his active career without intermission until about three weeks since, when he almost imperceptibly commenced to suffer from mental depression, headache, and pain in the limbs. At first, it appears, he did not appreciate the fact that he was suffering from acute disease; but as his symptoms increased, he himself diagnosed that he was labouring under an attack of typhoid fever, and on Friday fortnight last he was unable to rise from his bed. He was attended sedulously by his partner Mr. Goldsmith, by his friend Mr. Couchman, and afterwards by Dr. Wharton of Bedford. On the Sunday after his symptoms first became serious, he solicited and obtained the able and willing assistance of Dr. Murchison, who continued in attendance until the end. At first the prognosis was favourable; but on Wednesday week, although the period of the crisis of the disease had nominally passed away, symptoms of exhaustion supervened, and he gradually sank. His mental faculties at intervals were keen and appreciative almost to the last. The peculiar bent and tenour of his mind never left him during lucid moments, and he made an inquiry of Mr. Goldsmith whether Dr. Murchison had calculated the ratio of deaths from typhoid fever of persons of his own period of life.

Dr. Barker's career has been one of singular interest. He gained his eminent position, to the attainment of which he had devoted his life, by efforts entirely self-made. His aim was always to reach the highest mark in everything towards which he aspired. He was one of the first of the distinguished graduates of the University of London; he took the Fellowship of the College of Surgeons by examination, and obtained the Fellowship of the Royal Society of Edinburgh for his contributions to general science; as a Fellow of the Medical Society of London he competed for and won the Fothergillian gold medal for an essay on Malaria; and as a member of the British Medical Association he crowned his position by obtaining the Hastings prize. His last appearance in public, indeed, was at the Leamington meeting of the last-named Association, when Sir Charles Hastings presented him with the Hastings medal.

As a practitioner of medical science, Dr. Barker was essentially a representative man. Making no pretence to special attainment, he knew probably every specialty with a comprehensiveness which would have put many specialists to shame. As a surgical operator he was cool, collected, and skilful; and the writer of this notice has seen him perform many of the most difficult operations with a readiness and brilliancy which in a London hospital theatre would have been applauded to the echo. In obstetric practice he was prepared for every emergency, and as a physician there was nothing that escaped his acute notice. In physical diagnosis his knowledge reached the highest standard; and his treatment was as simple as it was direct and common-sense.

The above are the qualities which eminently distinguish the medical practitioner, and are sufficient to make a man great, however unpretending his practice and position; but Dr. Barker added to these a sincere love for general science. He was a physiologist of no common order; he was one of the best meteorologists living, and for many long years was the first laborious contributor to those remarkable series of meteorological observations on which the late Admiral Fitzroy based his now famous system of storm signals. Some years ago, indeed, the meteorologists of Great Britain presented Dr. Barker with a handsome chronometer in recognition of his distinguished labours in their department of science. In addition to these scientific works he had a great love of astronomy, and we remember, on one bright starlight night, receiving from him, through the aid of a small equatorial telescope, a lesson on the nebulæ which the Astronomer Royal need not have been ashamed of imparting. Lastly, he indulged in the study of the philosophical history of medicine, and nothing afforded him greater pleasure than to spend a quiet evening in conversation on the great ones of our past history. He had himself instituted a biographical series of the eminent medical men of his own time, hoping, as he expressed it, "to throw into the future a faithful representation of medicine as he saw it." His work in this direction was carried on only to the fourth number. Dr. Barker felt keenly the unfair treatment to which he was subjected by a few persons opposed to this series. He had determined, however, to complete the work, and had ample material from the most eminent men in the profession.

The whole of the life labours of Herbert Barker remain yet to be written by the friendly yet impartial biographer. We have sketched only, and that in briefest terms, the affirmative side of his character. We might have said that in debate and oratory he was not conspicuous, that his style as a writer was nervous and unadorned, and that he was by nature too impulsive to be always prudent; but his faults we bury with him, content to accept the goodness of his intentions, the largeness of his intellect, and his unwearied industry as the leading characteristics of his useful life.

MEDICAL VACANCIES.

Lincoln General Dispensary—House-Surgeon.
Northampton General Lunatic Asylum—House-Surgeon.
Queen's Hospital, Birmingham—Resident Physician, Resident Surgeon, and Resident Dispenser.

MEDICAL APPOINTMENTS.

C. ARTHUR, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Scalby District of the Scarborough Union, Yorkshire, vice S. A. Fothergill, M.R.C.S.E., resigned.

F. J. BURGESS, F.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Parish of St. Matthew, Bethnal-green, vice A. S. Vanderbergh, M.R.C.S.E., resigned.

Mr. J. CHAPMAN has been elected Dispenser to the Reading Dispensary, vice Mr. A. J. Parker, resigned.

G. CLEMENT, M.R.C.S.E., has been elected Junior House-Surgeon to the Royal Infirmary and Dispensary, Manchester, vice R. W. Haines, M.R.C.S.E., resigned.

T. J. COLMAN, M.R.C.S.E., has been appointed House-Surgeon to the Bristol General Hospital, vice J. C. Leach, B.Sc., M.R.C.S.E., resigned.

Mr. E. H. CROYDON has been appointed Dispenser to the North Staffordshire Infirmary, Etruria, Stoke-upon-Trent.

J. DENMARK, M.D., has been elected President of the Royal College of Surgeons of Edinburgh for 1865-66.

R. W. EVE, M.B., has been elected President of the West Kent Medico-Chirurgical Society for 1865-66.

J. GAIRDNER, M.D., has been elected Treasurer of the Royal College of Surgeons of Edinburgh for 1865-66.

F. HOLMES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 3 of the Leeds Township, vice G. Dalmer, L.S.A.L., deceased.

D. HOPE, M.R.C.S.E., has been elected a Vice-President of the West Kent Medico-Chirurgical Society for 1865-66.

A. INGLIS, M.D., has been elected Librarian of the Royal College of Surgeons of Edinburgh for 1865-66.

J. W. IRVINE, L.R.C.S.Ed., has been appointed Assistant Medical Officer to the Workhouse of the West Derby Union, Lancashire.

H. R. LEY, M.R.C.S.E., has been appointed Medical Superintendent of the Salop and Montgomery Counties Lunatic Asylum, vice Joseph Bayley, M.R.C.S.E., resigned, and appointed Medical Superintendent of the Northampton Lunatic Asylum.

R. MITCHELL, M.R.C.S.E., has been elected a Vice-President of the West Kent Medico-Chirurgical Society for 1865-66.

G. T. ROLSTON, L.R.C.S.Ed., has been appointed Medical Officer for the Tamar and Stoke District of Stoke Damerel Parish, Devonshire.

J. SIMSON, M.D., has been elected Secretary of the Royal College of Surgeons of Edinburgh for 1865-66.

H. SUTCLIFFE, M.R.C.S.E., has been appointed Medical Officer for the South-East District of the West Bromwich Union, Staffordshire, vice W. J. Kite, M.R.C.S.E.

F. TAYLOR, L.R.C.P.L., has been appointed Medical Officer for the Workhouse of the Woodstock Union, Oxfordshire, vice J. Bomford, M.R.C.S.E., resigned.

T. H. WATERWORTH, M.D., has been elected Surgeon to the Surrey County Gaol, Horsemonger-lane, vice Wintour Harris, F.R.C.S.E., resigned.

J. G. WEISE, M.D., has been elected Medical Officer and Public Vaccinator for the Woodstock No. 1 District of the Woodstock Union, Oxfordshire, vice Bomford, resigned.

W. C. WILSON, M.D., has been appointed Medical Officer for the Morice and St. Aubyn District of Stoke Damerel Parish.

E. S. WRIGHT, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the North Witchford Union, Cambridgeshire, vice H. Wright, M.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th of Aug., at Fort St. George, Madras, the wife of W. N. Chipperfield, M.R.C.S.E., of a daughter.

On the 21st ult., at St. Albans, near Quebec, the wife of Dr. J. A. Sewell, of a son.

On the 9th inst., at St. Anthony's, Newcastle-upon-Tyne, the wife of Dr. Cresswell, of a daughter.

On the 11th inst., at Rochester-row, Kentish-town, the wife of Dr. F. Shepherd, of a son.

On the 12th inst., at St. John's, Southwark, the wife of J. N. Vinen, M.D., of a son.

On the 14th inst., at Potter-street, Worksop, the wife of E. Bennett, M.R.C.S.E., of a son.

On the 17th inst., at Boyne-terrace, Notting-hill, the wife of D. C. Laurie, M.D., of a son.

On the 19th inst., at Loch-park, Denny, Stirlingshire, the wife of M. Benny, M.D., of a son.

On the 20th inst., at Oldcastle, Co. Meath, the wife of J. Atkin, L.K.Q.C.P.I., of a daughter.

On the 20th inst., at Warwick-square, the wife of J. S. Lavies, M.D., of a son.

On the 21st inst., at H.M.'s Dockyard, Portsmouth, the wife of Dr. Cree, R.N., of a son.

On the 21st inst., at Holland-place, Kennington-park, the wife of T. E. Ladd, M.D., of a son.

On the 24th inst., at Granville-park, Blackheath, the wife of Arthur Roper, Surgeon, of a son.

On the 25th inst., at Clinton House, Worksop, the wife of C. F. Sutton, M.R.C.S.E., of a daughter.

MARRIAGES.

On the 12th inst., at Great Grimsby, Francis James Bailey, M.R.C.S.E., of Liverpool, to Mary, daughter of W. Lamming, Esq.

On the 19th inst., at the Cathedral, Manchester, Fred. Foulkes, M.R.C.S.E., of Salford, Manchester, to Evelina Jessie, daughter of Maj. T. Davenport.

On the 19th inst., at the Parish Church, Tavistock, John Phillips Cunningham, M.D., 60th King's Royal Rifles, to Sarah Louisa Amelia, only daughter of the late Hugh Hilton Bradshaw, of the 11th Hussars.

On the 25th inst., at St. Luke's, Chelsea, Thomas Joyce, M.D., of Rolvenden, Kent, to Fanny, youngest daughter of Thos. Wyatt, Esq., of Brompton, and formerly of Oxford.—No Cards.

DEATHS.

On the 30th of July, at Nagasaki, Japan, Dr. James Henderson, for nearly six years in charge of the Chinese Hospital, Shanghai.

On the 4th inst., at St. Leonards-on-Sea, F. H. Prytherch, M.D., formerly of Carmarthen, aged 59.

On the 4th inst., of uræmia, Charles Edward Fleischmann, Esq., Student of Medicine at the Middlesex Hospital.

On the 5th inst., Dr. D. Nicol, of Swansea, formerly Physician to the Swansea Infirmary.

On the 17th inst., at Richmond-terrace, Wexford, Dr. R. H. Verling, late of the 44th Regiment, and Surgeon to the Wexford Militia, aged 70.

On the 17th inst., W. Murray, L.R.C.S.Ed., of Newcastleton, Roxburghshire.

On the 18th inst., at Caroline-street, Eaton-square, W. Ford, F.R.C.S.E., of the Mauritius Civil Service.

On the 18th inst., Thomas Ward, F.R.C.S.E., of Southgate, Middlesex.

On the 19th inst., Wm. King, M.D., of Montpellier-road, Brighton, aged 79.

To Correspondents.

PUBLIC HEALTH AT BRIGHTON.

THE Brighton Corporation are apparently still more bent on paring their expenses than in taking those wise precautions which would ensure for their town a well-founded reputation for salubrity, and save them from the risk of frequent and serious losses of *prestige* and of income by the maintenance of an undue mortality from zymotic disease. Mr. Alderman Burrowes had a notice of motion on the *agenda* for the meeting of the Town Council of October 18th to appoint Officers of Health, duly authorized to examine and report upon the sanitary condition of the town; but seeing the adverse state of opinion in the Council, he contented himself by reading the resolution, and withdrawing it after a protest, in which we heartily concur.

Medico-Chi should consult M. Demarquay's memoir on "Glycerine and its Therapeutic Applications," or Dr. Abbotts Smith's Abridgment.

Nemo.—We are fully acquainted with all the particulars relating to Dr. Barry.

"EXTRAS" IN MIDWIFERY CASES.

To the Editor of THE LANCET.

SIR,—Will any of your readers versed in the workings of the medical department of the Poor-law inform me what constitutes "extras" in midwifery cases?

The guardians of the union to which I have the honour (?) to be medical officer have, through their Finance Committee, refused payment of my charge for "extras" in three cases—one of puerperal convulsions, with retained placenta; one of hæmorrhage and retained placenta; the other of convulsions,—alleging that such cases do not come under the denomination of "difficult" or "dangerous." All these cases the midwife in attendance was unable to manage, and my services were required.

In articles 182 and 183 of the "General Orders," the law appears pretty clearly to be laid down, and by these orders I consider I am justly entitled to the £2 10s. The guardians, when advertising for candidates for medical officer, hold out as an inducement "extras" for operations, midwifery, vaccination, &c.; for it cannot be supposed that the fixed salary is at all a compensation for the work done. The refusal, therefore, of the payment for "extras" such as I have named is in direct violation of their advertised terms and agreement. Can a medical officer *of a workhouse* charge for quarterly certificates for lunatics *in the house?* I can find no article on this subject in the "General Orders" in opposition to this.—Yours obediently,

October, 1865. JOHAN DE BLOIS.

A Young Student (Edinburgh) writes strongly about the public touting of private lecturers in that city, and their exhibition of placards in all sorts of places, announcing lectures on the diseases of women and men, and intending auditors to call at their private residences. The offenders are said to be numerous, and our correspondent is greatly disgusted.

Z. Z.—The geographic zone of yellow fever is from 42° N. to 23° S. Of all diseases of the character of a plague, it is one of the most circumscribed in area.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscription has been further received on behalf of the above Fund:—

G. D. Brown, Esq., Ealing	£0	10	0
Amount previously announced	129	3	3
Received at THE LANCET Office	9	9	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Oct. 26th, 1865.

THE *Melbourne Spectator* contains an important letter on the gorilla controversy. It places the subject in a rather novel light, and discusses in a somewhat acrimonious spirit the differences of opinion existing between the different *savans* on this important question. It is to be regretted that such bitterness should enter into a controversy which ought to be purely scientific. Hard words and abuse on such a subject had better be avoided.

THE CLIMATE OF BATHURST, RIVER GAMBIA.

To the Editor of THE LANCET.

SIR,—In reply to the inquiry respecting the climate of the above place, I beg to inform your correspondent that it is a perfect "Golgotha" to Europeans, the yellow fever constantly raging, and altogether I should say it is, if not the most, at least one of the most unhealthy spots in the world. Europeans go there to die.

Yours, &c.,
October, 1865. A. H. HIGGINS.

Madame Newmane is a "lady physician," of Church-road, Lower-road, Islington. Her circular announces that "none need despair, no matter what are the opinions of medical attendants, or how complicated the disease."

Sulpicius.—The cost of maintenance of patients in Bethlehem Hospital for the year 1862, including furniture and clothing, was rather over £36 per head.

TREATMENT OF INCONTINENCE OF URINE.

To the Editor of THE LANCET.

SIR,—In answer to "L.R.C.P.L.," permit me to state that I have found the hypophosphite of soda, in five to ten grain doses, given in bitter infusion, to be of great service, especially in the large class of cases dependent on atony of the bladder.

In justice to the author, I must mention that I have taken this prescription from Dr. Abbotts Smith's work "On Diabetes, and on Enuresis," &c., third edition, which contains some good practical remarks on various urinary affections.

I am, Sir, yours obediently,
October, 1865. M.D.

SUGGESTED STATUE OF THE LATE SIR JAMES M'GRIGOR, BART., AT THE MILITARY HOSPITAL, NETLEY.

IT certainly reflects with most unfavourable force upon the Government of this country that it is so tardy and neglectful in the recognition of the eminent services of eminent men. The lovers of justice and admirers of merit have, it is true, erected memorials to this celebrated surgeon—one at Chelsea Hospital, lately chronicled in these pages, by military and medical friends of the late Director-General; the other is "erected near the place of his education and the scenes of his youth," with the following inscription thereon, which has not before been noticed, and now somewhat abbreviated to save space and avoid repetition:—

"This obelisk is erected to the memory of Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S., &c., for thirty-six years Director-General of the Army Medical Department, and several times Lord Rector of Marischal College, Aberdeen. He was born at Strathspey, North Briton, on the 9th April, 1771. He entered the army as surgeon of the Connaught Rangers. .....He was favourably mentioned by all the Generals under whom he held these responsible posts. He was repeatedly noticed by the Duke of Wellington, who wrote thus: 'I consider him one of the most industrious, able, and successful public servants I have ever met with.' In the course of fifty-seven years of active service he was exposed to the vicissitudes of war, climate, and shipwreck, yet lived to attain a tranquil old age. He died in London on 21st April, 1856. This memorial is erected near the place of his education and the scenes of his youth."

We urge the Government no longer to let their good intentions—for we suppose they have them—lie dormant, but at once to wake up, and acknowledge in a becoming manner the greatness of this surgeon hero, by responding without delay to the convictions of justice and their own conscience.

THE SALARIES OF MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—There are, no doubt, faults in principals as well as assistants. The letter of "Freddy, M.B. Lond." is well worth consideration; and when I have changed assistants I have followed exactly the course he recommends, and given the name and address of the gentleman who previously filled the situation. Whether advantage was ever taken of the suggestion I know not.

Another grave matter is the one of salary, and this I know is often inadequate; but it must be remembered that in a country practice the receipts leave but a small margin for giving what many would consider a fair remuneration. I wish that some of your correspondents would state the salaries usually given; for although an assistant myself for twelve years, I had only one situation, and that under rather exceptional circumstances. I began at a very small salary, and left off at a very high one.

Now, a line from Mr. Langley, stating what he considers a fair stipend for out-door and in-door appointments, would, I am sure, have considerable weight with employers in inducing them to be more liberal, and thus benefit the cause of the assistants generally.—I remain, Sir, yours truly,

October, 1865. AN OLD SUBSCRIBER.

Dr. David Duncan (Skibbereen) is quite convinced of the contagious nature of cholera, and forwards documents in support of that belief.

A. J. B.—Braithwaite's Retrospect.

Vigil will see that the subject of his letter is noticed under another heading.

TREATMENT OF PERIOSTITIS.

To the Editor of THE LANCET.

SIR,—In last week's LANCET you have a short article on the "Treatment of Periostitis," founded on the report of four cases occurring in St. George's Hospital. In your first volume for the year 1854, page 43, I reported an analogous case successfully treated by the same means—viz., the internal administration of iodide of potassium and cod-liver oil, and the assiduous application of cold externally, with the addition of counter-irritation by nitrate of silver. Your obedient servant,

Kennington-park-road, Oct. 23rd, 1865. WM. S. CURTIS, M.D.

Pharmaceuticus.—We must take leave to differ. Such very small pills are by no means so easily swallowed as is usually supposed. They are so small that there is nothing of them for the pharyngeal muscles to grasp and act upon.

CONSANGUINEOUS MARRIAGES.

To the Editor of THE LANCET.

SIR,—It is not often that we have the opportunity of knowing the result as respects the offspring in a family begotten by a father of his daughter.

A case is recorded in the *Tiverton Gazette* as having been before the magistrates of that town, of a man of the name of Burton, who took his natural daughter to live with him as his wife, and they lived together until his death. The result of the intercourse was six children, of whom two died in their infancy, the other four are deaf-mutes.

Perhaps one of your readers in Tiverton would inquire further into the real facts of the case, and communicate with you.

I have known another family in which the blood-relationship was as near or almost so, where the parents would never say what the relationship was, and in which one child was blind, another a deaf-mute, and a third an idiot.

Yours obediently,

J. BRENDON CURGENVEN.

Craven-hill-gardens, London, October, 1865.

Derma.—The original plates of Hebra. They are to be found in the library of the College of Surgeons.

Thurston, F. G.—We cannot speak from our own personal knowledge; but according to a contemporary such is the case.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following additional sums have been received:—

Dr. A. S. Myrtle, Harrogate, per Coutts and Co. ...	£2	2	0
Dr. W. C. Gwynne ... ... ditto ...	1	0	0
Collected by Mr. Baird ... ditto ...	1	0	0
Ditto by Miss Rundle... ditto ...	0	5	0

M.D.—Perhaps our correspondent will authorize us to transmit his letter to the Cattle Plague Commission. We have not room for its insertion.

"M. A. B." ON BARON LIEBIG AND DR. HASSALL.

M. A. B. is "extremely glad to see the discussions upon Liebig's directions for infants' food" in our columns. She opines that "*Liebig deserves credit for admitting the principle that there is value in vegetable food for young infants.*" The Professor's name, of course, "will at once popularize any recipe he may give to the public, *and it is for the more thoughtful and investigating section of thinkers and writers to criticize his principles, and practically improve upon his formula.*" She adds—"I think Dr. Hassall's views are the most correct that have yet found a place in your columns; but on one or two points *his* directions are capable of being 'improved.'" "M. A. B." is sublime. This effort is the very *ne plus ultra* of her multifarious writings. She "has been told by Dr. Richardson to 'hammer, hammer on,' and means to do so." May we ask her to choose another anvil? We cannot bear so much hammering from so vigorous a hand, and trust that she will be satisfied with our assurance that Baron Liebig and Dr. Hassall will unquestionably be highly gratified by her approval and encouragement of their imperfect attempts, and that we do give her, what she claims, "credit for taking the initiative in this controversy." We trust, moreover, that her predilection for hammering will not interfere with her belief in the opinion, which we do not hesitate to avow, that she may be said to have settled definitely all the questions at issue, and will, at any rate, not be expected to take any further part in the controversy.

SUPERNUMERARY TESTICLES.

To the Editor of THE LANCET.

SIR,—Your correspondents on this subject will find a case well detailed in the *Edinburgh Medical and Surgical Journal* for 1843, page 214; also in THE LANCET for November 5th, 1842. The case is that of a strong, healthy man, who presented himself as a recruit for the army, and who possessed a well-developed third testicle in the right side of the scrotum. Staff-Surgeon M'Cann, who reports the case, states that when a third testicle exists in the scrotum, a fourth may usually be found within the abdomen; but he quotes no authorities.

That a third testicle is rare may be inferred from the fact, that until the last fortnight no case has been recorded in any leading English journal during the past twenty years.

For the most complete *résumé* on the subject, I would refer your correspondent to Mr. Carling's work on the Testes, where he refers to cases of two and even three supernumerary testicles having been found in the scrotum.

I remain, Sir, yours, &c.,

Haslar Hospital, October 24th, 1865. ROBERT NELSON, R.N.

To the Editor of THE LANCET.

SIR,—About a year and a half ago a recruit came under my inspection at Birmingham, having a supernumerary testicle on the left side, entirely distinct from the other, and equally developed.

A case of somewhat opposite nature presented itself some months ago in a well-developed country lad, aged eighteen, where the testicles were about the size of a large pea, the different portions not being distinguishable. He stated that he had commenced having sexual intercourse at about fourteen years of age, and that at the then present time the semen was freely discharged during coition. From his muscular and general appearance I passed him; he was finally approved, and is now serving in the line.

Your obedient servant,

FREDK. GOODCHILD, M.D.,

October, 1865. Surgeon, 1st Warwick Militia.

Anatomicus.—Professor Remak, the eminent anatomist and physiologist, died last September at the mineral spa of Kissingen.

A CASE OF DOUBLE MONSTROSITY.

NOTHING is more offensive than the spurious modesty which affects disgust at natural objects, in order to charge offence upon others who deal with them without such prurient misgivings. We have nothing but contempt for writers who can pretend that there is any reason why, in describing the most remarkable and important example of a living double monster yet recorded, the necessary graphic illustration should not be afforded in a scientific journal. The mere absurdity of the charge of indecency renders it unnecessary that we should do more than express our disgust that it should enter any man's mind to bring it.

CLOTHING OF BOYS.

To the Editor of THE LANCET.

SIR,—As I feel that our system of clothing the cadets in this ship requires revising, I am anxious to obtain information on the subject of boys' clothing in schools and other institutions. Will you or any of your readers kindly inform me if there are any works on the subject, or reports, parliamentary or otherwise, to which I can refer?

I have put myself in communication with the officials of some schools, and hope that they will assist me. Yours obediently,

SAM. S. D. WELLS.

H.M.S. *Britannia*, Dartmouth, Oct. 24th, 1865.

A Student.—The Medical Act would not reach him if the crime were committed previous to registration.

Nil Desperandum.—Such cases are remediable. Any duly qualified surgeon would be able to treat the case.

THE TREATMENT OF ASTHMA BY ARSENIC.

To the Editor of THE LANCET.

SIR,—In reply to "A Retired M.D. and a Sufferer," requesting in your last impression information on this subject, I beg to state that I have been induced to make trial of the effect of arsenic in the Pharmacopœial form of liq. potassæ arsenitis in one or two cases of asthma, commencing with two minims, gradually increasing the dose up to ten or twelve drops; and that, although at first the remedy appeared to do good, this benefit vanished with the persistent use of the medicine.—I am, Sir, yours faithfully,

Blakesley, October 24th, 1865. T. OSBORNE WALKER, M.R.C.S.

Student.—Half the dose named would certainly be a safer one, as a general rule, for infants under two months old; but the dose prescribed is constantly given, not only with safety, but with advantage in disease. The smallest dose recorded that has been fatal is one minim. In the case in question it was absurd to suppose that death was due to the medicine administered.

Alpha, (Yeovil.)—The notice was received. No licentiate in Dentistry has any right to call himself other than L.D.S. Royal College of Surgeons. The assumption of the title of member is not permissible.

Mr. John O'Brien.—Certainly not.

A. B. C.—We do not give advice in this place. Our correspondent should consult some respectable physician.

Dr. Joannes.—The paper will be noticed on the first fitting opportunity.

CASE OF THE INDIAN MEDICAL SERVICE.

Anæmia; Cachexia; followed by Paralysis.

To the Editor of THE LANCET.

SIR,—This once goodly, well-nourished, sound, and vigorous body has for a great many years, chiefly the last ten, been undergoing a speedy deterioration in health and condition, so much so that its nearest friends would now hardly recognise it. A state of general *malaise* has been brought about by a variety of causes, moral and physical; to the wearing and depressing effects of climate have been added poverty, home sickness, and the many hardships endured and illnesses caused by long-enforced pilgrimages and roving commissions by sea and by land.

It is to be feared, too, that the treatment has not been less hurtful than the disease; for, notwithstanding the very impoverished state of the patient, the cure has been conducted very much on the *similia similibus* principle, and instead of being purely conservative and restorative, as it ought to have been, there is no record of anything beyond a course of bleeding, constant counter-irritation, and blistering. Nor has it been merely a case of general debility, as several of the internal organs have had their structure seriously deranged; for the patient has had much to stir up his bile and excite his spleen, and has suffered from incessant and great sickness of heart from having to live almost solely on "hope deferred."

It would appear also that most of the patient's physicians have had an idea of a lurking scorbutic taint in the system, as nothing else would account for the decidedly scurvy treatment to which the patient has been for a long time subjected. In truth, the patient would seem to have suffered greatly from the very multitude of advisers; and as the principal physician, without whose express directions nothing could be done, lived always a long way off, the remedies were often misapplied in a manner which, if not deplorable, would be absurdly ridiculous.

This has been very much the case with the prescriptions of the present chief medical adviser, Sir Carolus Lignum. Having to prescribe entirely on the hearsay history of many different relations (would that they could be called friends) of the patient, without once seeing him, it often happened that a remedy ordered for one disease would arrive when the patient had recovered from that particular ailment, and was labouring under some more distressing malady.

On many occasions the poor patient was horrified by having painful remedies applied *nolens volens* to his lower limbs, well knowing that the family doctor had intended them for the head and upper extremities. Without attributing sinister motives to any one of the patient's counsellors or attendants, this much is certain, that many of the constitutional drugs had no other apparent effect than to produce violent nausea and vomiting.

In the year 1858 a remedy of great reputed power, called a Royal Warrant, was sent out with hopeful anticipations of effecting a speedy cure. The astonishing reports of this medicine did much to put the patient in good spirits; but when it arrived in this country the medicinal properties had evidently evaporated, as nothing was to be seen but the parchment on which the medicine had been spread.

About the latter end of last year the patient's constitution underwent a severely critical trial in the eruption over all the members of numerous boils and open sores, causing intense constitutional disturbance of the system. The most alarming reports reached the family physician regarding the danger of the patient, and a grave consultation was held by Sir Carolus with his colleagues. Up to this time the patient, who was scarcely able to hold himself up, was yet manfully struggling to do his duty, which consisted in curing all the ills that flesh of all colours is heir to. At this council it was agreed that the patient be at once put upon a more generous diet, and that all the former modes of treatment be abandoned. It was also ordered that the patient be restricted in future to the curing of black flesh, leaving the white-skinned but less important variety to be practised on by a batch of new apprentices.

The new bill of fare was followed by a speedy and marked improvement in the functions of the digestive organs, which had now something substantial to operate on. This change for the better, however, was of short duration, as the food did not seem to pass beyond the stomach, where there was clearly some constriction, seeing that the body as a whole has been no better nourished, and the several members which the improved fare never reached have languished and emaciated more and more.

In this sad plight an immediate return to Europe, at the State's expense, was urged on the patient. This Sir Carolus, who was also trustee to the patient, would not listen to, as he now affected to believe that all the reports about the patient were only got up to extort money; the real reason, however, being that he was overtaken with remorse at the extra outlay in the matter of diet, which in a weak moment he had consented to. He instantly wrote to the effect that if the patient wished to get home he must do so with his own funds, which he had no doubt were as flourishing as his health was.

The shock of this cruel and bitter epistle, after years of mal-treatment, was too much for the shattered nerves of the feeble and worn patient, who in a moment was seized with a convulsive fit, in which all consciousness was lost, and life seemed fast ebbing. The vital spark, however, gradually re-kindled, and well was it that few of the patient's friends and physicians were near; for with the confusion of returning consciousness all of these individuals came in for a share of muttered imprecations on their heads, as if the idea vaguely floating through his brain was that friends and foes were all alike to be trusted, and that he could not distinguish between the one class and the other.

Sad to say, though intelligence is now completely restored, more than half the body remains almost hopelessly paralysed; and nothing short of a very prompt, decided, and supporting treatment can restore power, tone, and vigour to the maimed body of which this is

India, August, 1865. A FAMISHING MEMBER.

Scrutator.—1. We believe that all army medical officers receive half pay upon an approving examination by a Medical Board when rendered unfit for duty by ill-health.—2. The only exceptions to this rule are the instances of officers who, through intemperance or other vice, may have induced disease, and consequent incapacity to serve.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Chambers; Dr. Protheroe Smith; Dr. Braxton Hicks; Mr. C. Hunter; Mr. Curgenven; Dr. Goodchild; Dr. Fotherby; Mr. Dartnell, Henley; Dr. Macloughlin; Dr. Lanchester; Dr. Hyatelin, Reykjavik, Iceland; Dr. Gore; Mr. Dean; Mr. Carr, Liverpool; Mr. Pearse; Mr. Finlayson; Mr. Ellis; Dr. Joannes; Mr. Tibbits; Mr. Truelove (with enclosure); Mr. Higgins; Dr. Edmunds; Mr. Walpole (with enclosure); Mr. Drought; Mr. Masters; Mr. Willis, Monmouth; Mr. Bura; Dr. Gale (with enclosure); Mr. J. Clarke, Christchurch, New Zealand; Mr. Harris; Dr. Richardson, Cayaga; Mr. Venning; Mr. E. V. Smith, Sangor; Mr. Stewart, Bellary (with enclosure); Dr. Cortis; Mr. Hind; Mr. Read; Mr. Mayer; Mr. Nelson; Mr. Stephens (with enclosure); Mr. Edwards; Dr. Fleischmann, Cheltenham; Dr. Brown, Oldbury; Dr. Atkinson, Rochester; Dr. Walker, Blakesley; Mr. Donovan; Mr. Wells; Mr. Wright; Mr. Okell (with enclosure); Mr. Merryweather; Mr. Turner; Mr. Woolley, Heanor; Mr. Hawker; Dr. Mapother (with enclosure); Mr. Robertson; Mr. Le Rossignol; Mr. Douglas; Dr. Webb, Wirksworth; Mr. Rigby; Mr. Wiltshire (with enclosure); Dr. Hall, Swadlincote; Mr. J. Ewens, Blandford; Dr. Macnab, Leeds; Mr. Gardiner (with enclosure); Mr. Jones (with enclosure); Mr. Frankland; Dr. Saxton, Market Drayton; Mr. Lomas; Mr. Robinson; Mr. Evans; Mr. Griffin; Mr. De Lisle Allen; Dr. Moore, Lancaster; Mr. Fisher, Aspall (with enclosure); Mr. Graham; Mr. Macdonnell; Mr. Morris, Burnham; Mr. Eddowes; Mr. Waymouth, Stamford; Dr. Bennett, Worksop; Mr. Mackay; Mr. Palmer; Mr. Clowes; Mr. Burgess, Bristol; Mr. Lee; Mr. Cordwent, Taunton; Johan de Blois; Nemo; Vigil; An Old Subscriber; An Assistant and a Victim; M.D.; T. R.; An Assistant-Surgeon over Ten Years' Service; A Young Student, Edinburgh; Iota; A Reader, Cirencester; Scrutator; J. H. J.; C. G.; A. R. P.; Nil Desperandum; A Poor Clerk; A. B. C.; Inquirer, Granton; Alpha; Indiana; S. H. M.; J. D.; A Chemist's Assistant; T. S.; &c. &c.

THE *Western Daily Mercury*, the *Spectator* (Melbourne), the *Revue Illustrée*, the *Australasian*, the *Liverpool Mercury*, the *Journal of Society of Arts*, the *Brighton Examiner*, the *Stockton Mercury*, the *Eastern Morning News*, *Lyttelton Times* (*New* Zealand), the *Hull Advertiser*, the *Skibbereen Eagle*, the *Portsmouth Times*, and the *Courrier de l'Algerie* have been received.

Medical Diary of the Week.

Monday, Oct. 30.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 31.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Nov. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council.—8 P.M. Mr. Jackson, "On the Employment of Hydrochlorate of Ammonia in the Treatment of Facial Neuralgia."
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Marion Sims, "On Procidentia Uteri."—Mr. Roper, "On Embryotomy."—Dr. Aveling, "On a New Mode of Treating the Pedicle in Ovariotomy."

Thursday, Nov. 2.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CHEMICAL SOCIETY.—8 P.M. Prof. Church, "On some new Cornish Minerals."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Tilbury Fox: "Remarks on the Cholera in Egypt."
KING'S COLLEGE MEDICAL SOCIETY.—Mr. Herbert, "On Smells in relation to Disease."

Friday, Nov. 3.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, Nov. 4.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.